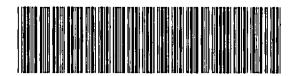
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COVER LETTER

TO: Registration Section Division of Corporations SEVARO LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Robertino Asaturyan (Contact Person) SEVARO LLC (Finn/Company) 3109 W Hallandale Beach Blvd (Address) Pembroke Park, Fl, 33009 (City/State and Zip Code) For further information concerning this matter, please call: Robert Asaturyan (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li of State is: SEVAR		s it appears on the records of th	ne Florida Department
2. The Florida docum	nent/registration number a	ssigned to this limited liability	company is:
	. D. C. D. C. L. C.	signed or will withdraw/resign, hereby withdraw/resign	
·	· · ·	he limited liability company ha	as been notified of my
Signature of Diss	Sociating Member or Resignation (Required)	gning Manager	PILED 2022 MAY 27 PM 2: SECOND TARY OF SP MALLAHASSEE, FLOO