L22000186472

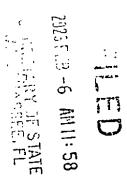
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300402076383

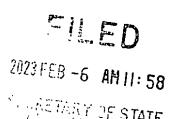
U2/08/28--01025--030 ++50.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
Outdoors Customs & Design LL	.C
SUBJECT: (Name of	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concert	ning this matter to:
Ruth E Marte	
(Contact Person)	
Capital Tax & Filing Solutions LLC	
(Firm/Company)	
375 N State Rd Ste 2207	
(Address)	
Altamonte Springs, Fl. 32714	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Ruth E Marte	at () (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya ■ \$25 Filing Fee	able to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
<u>Mailing Address:</u> Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 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)

	e limited liability company as it appears on the records of the Florida Department pors Customs & Design LLC
2. The Florida doc L 2000186472	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Print N	, hereby withdraw/resign as a same of Person Resigning)
AMBR	tume of t Crisin resigning)
	(Print Title)
of this fimited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Channy	Roduqua
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)