L05000034107

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DHISION OF CORPORATIONS

2021 MAR - 8 PM 12867

APR 2 9 2021

R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations		•
Milersen Compliance and Consul SUBJECT:	ting LLC	
	Limited Liability (Company)
The enclosed member, resignation or diss	ociation and fe	c(s) are submitted for filing.
Please return all correspondence concerni	ng this matter t	o:
Octavio Betancourt		
(Contact Person)	,	<u> </u>
Milersen Compliance and Consulting LLC		
(Firm/Company)		
3180 Coral Way # 1207		
(Address)		
Miami, FL 33145		
(City/State and Zip Code)		_
For further information concerning this m	atter, please ca	H:
Octavio Betancourt	786 at (5148080
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payab \$\mathbb{\exists}\$ \$25 Filing Fee		a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

	limited liability company as it sen Compliance and Consulting LLC	appears on the records of the Florida Dep	artmer	าเ
	Self Comphance and Consuming 1773		·	•
2. The Florida doc L05000034107	ument/registration number assig	gned to this limited liability company is:		
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is: 12/02/2019		
4. I		, hereby withdraw/resign as a	292	ن جن
(Print N	lame of Person Resigning;		 	₹1
Managing Membe	er		2921 MAR -8	- 2 5,
	(Print Title)		ထ	DIVISION OF COR
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company has been notified	i omy	NEW YORK
	Tibligh 10		ÔĐ	201 201 201
Signature of D	ssociating Member or Resignir	ng Manager		
•	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			