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TO:

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Registration Section

Division of Corporations Coogee Creations 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: Peter M Evans (Contact Person) Coogee Creations LLC (Firm/Company) 12555 Biscayne Blvd #999 (Address) North Miami Florida 33181 (City/State and Zip Code) For further information concerning this matter, please call: 3086562 Peter M Evans 305 (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 MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



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 gee Creations LLC	appears on the records of	the Florida Department
2. The Florida doci L0500007449	ument/registration number assi 9	gned to this limited liability	ty company is:
3. The date this me	ember/manager withdrew/resign	— ned or will withdraw/resig	06/11/2018 n is:
Disa M Chail		, hereby withdraw/resign as a	
President			
	(Print Title)		
of this limited lia resignation in wr	/	limited liability company h	
Signature of D	issociating Member or Resigni	ng Manager	5 A
_	\$25.00 (Required) \$30.00 (Optional)		