L060000 17460

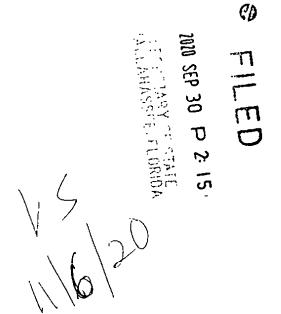
(F	Requestor's Name)		
(A	Address)		
	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
3)	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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COVER LETTER

Registration Section TO: Division of Corporations Deviathan 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: Joshua J. Zika, MGR (Contact Person) Deviathan LLC (Firm/Company) 2423 S. Orange Avenue, PMB 190 (Address) Orlando, FL 32806 (City/State and Zip Code) For further information concerning this matter, please call: Joshua Zika 407 459-1584 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing 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



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)

Devia	ithan LLC	as it appears on the records of the Florida Department
2. The Florida docu 1.06000017460	ment/registration number	r assigned to this limited liability company is:
·		August 7, 2020
	mber/manager withdrew/i	resigned or will withdraw/resign is:
Mary H. Zika 4 L		hereby withdraw/resign as a
(Print No Manager Member		, hereby withdraw/resign as a
	Print Title)	•
of this limited liab resignation in wri		the limited liability company has been notified of my
may H. Fil	la la	
Signature of Di	ssociating Member or Res	signing Manager
Filing Fee:	\$25.00 (Required)	
-	\$30.00 (Optional)	

CR2E079 (2/14)