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(Re	equestor's Name)	
(Ad	ldress)	.
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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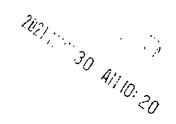
DEC 15 2021

COVER LETTER

TO:	Registration Section	•
	Division of Corporations	1
CHRI	Grant International, LLC	
3010		ited Liability Company)
The e	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:
Angeli	que Grant	
	(Contact Person)	
Grant	International, LLC	
	(Firm/Company)	
777 Bi	rickell Avenue #500-97777	
	(Address)	
Miami	, Florida 33131	
	(City/State and Zip Code)	
For fi	urther information concerning this matte	er, please call:
Angeli	que Grant	at (470) 855-4141
	(Name of Contact Person)	at (470) 855-4141 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to	o the Florida Department of State for:
∑ \$2	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	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 appears on the records of the Florida Department
International, LLC
ment/registration number assigned to this limited liability company is:
mber/manager withdrew/resigned or will withdraw/resign is: 4 1 2021
, hereby withdraw/resign as a man ame of Person Resigning)
Print Title)
oility company and affirm the limited liability company has been notified of my ting.
425
ssociating Member or Resigning Manager
\$25.00 (Required)
\$30.00 (Required)