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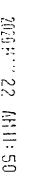
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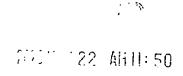


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COVER LETTER

TO: Registration Section Division of Corporations BUIECLAN, 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: Charles Buie (Contact Person) (Firm/Company) 5866 SW 120 Avenue (Address) Cooper City, Florida 33330 (City/State and Zip Code) For further information concerning this matter, please call: Charles Buie (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 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





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 ECLAN,, LLC
	cument/registration number assigned to this limited liability company is:
3. The date this m	03/01/2020 nember/manager withdrew/resigned or will withdraw/resign is:
4. I, Diane M Willia	nms, hereby withdraw/resign as a Name of Person Resigning)
MGR	
	(Print Title)
of this limited li	ability company and affirm the limited liability company has been notified of my riting.
Diar	em Nillams
Signature of E	Dissociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)