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| | equestor's Name) | |
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| (170 | equestors Name) | |
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| (| , | |
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| | | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
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| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: MONUAL, LLC (Name of Limited Liability Company) | |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted f | or filing. |
| Please return all correspondence concerning this matter to the following: | |
| Lolian Martine Z (Name of Person) | |
| MONUAL, LLC (Firm/Company) | |
| 7791 NW 46 Street Surole 105 (Address) | 07 (SE |
| MIAMI, FL 33/66 (City/State and Zip Code) | FILED OCT -4 AHII: I ECRETARY OF STATE LLAHASSEE, FLORID |
| For further information concerning this matter, please call: | I: 18 |
| L° l'Cn Marknez at (305) 482 99 (Area Code & Daytime Te | 25 elephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | |
| ☐ \$25 Filing Fee | Сору |

INHS18 (8/05)





FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability company as it appears on the records of the Florida Departm | ent · | |
|--|---|---|---|
| 2. This limited liab | ility company was organized under the laws of: | | |
| 4. I, H/LOA (Print N) of this limited lial resignation in wri | | ======================================= | T |
| | Hill Saluse gning Member, Managing Member or Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |