Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000384553 3)))



H210003845533ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FADL, LLC

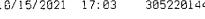
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

OCT 1.5 2021

JALBRITTON

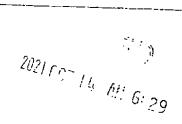
Electronic Filing Menu Corporate Filing Menu

Help



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)

f. The name of the of State is:	te limited liability company as it appears on the records of the Florida Depart	ncnt
2. The Florida doi: L10000106468	cument/registration number assigned to this limited liability company is:	·*
, Luiana Kancali	ember/manager withdrew/resigned or will withdraw/resign is:	
of this limited lia resignation in wr		пу
Signature of Di	Sociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	