L11000017139

(Requestor's Name)	
(Address)	000
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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JU 10/15/20



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)

Bezzi	limited liability company as t Real Estate Commercial Propert	is it appears on the records of ties LLC	The Florida Department
		assigned to this limited liabili	ity company is:
		signed or will withdraw resig	
4. L	ame of Person Resigning)	, hereby withdraw resi	gn as a
of this limited lia resignation in w		the limited liability company	has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	оданар манадо	20 SEP -4 FORETARY TALLAHA