## L11000086625

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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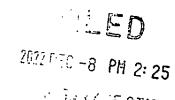
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Koperu, LLC	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Saifon Sombul (Contact Person)	Л
KOPEYU LLC (Firm/Company)	
(Firm/Company)	
1575 Pine Ridge Ro	
Naples FL 34109 (City/State and Zip Code)	
For further information concerning this m	natter, please call:
Saifon Sambun	a( <u>239</u> ) 451-9399
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab  ■ \$25 Filing Fee	le to the Florida Department of State for:  ☑ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

		as it appears on the records of the	*
2. The Florida doc	ument/registration number	r assigned to this limited liability co	empany is:
3. The date this me	ember/manager withdrew/i	resigned or will withdraw/resign is:	11/29/2022
4. 1, Paul Adrianzen  (Print Name of Person Resigning)		, hereby withdraw/resign as	a
Manager	,		
	(Print Title)	·	
of this limited lia resignation in wr		the limited liability company has b	een notified of my
Paul Ad	haye		
Signature of D	issociating Member or Res	signing Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		