## LIACCOO 7005lo

(Requ	restor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pranski LLC (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Eric Stepansky (Contact Person)	-
Pranski CCC (Firm/Company)	_
6000 San Amaro Dr.  (Address)	
Corol Gables, FC 33146 (City/State and Zip Code)	
For further information concerning this matter, please call:	ORIDA GRIDA
Eric Stepansky at (646) (Name of Contact Person) (Area Code	) <u>\$97 - Z 739</u> & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 555 Filing Fee & Certified Copy
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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

_	limited liability compa ausに LLC	ıny as it ap	pears on the records	of the Flo	rida De	partm	ent 
	lity company was orga		er the laws of:		SALI AHASS	2019 JUL 1 1	
L 12000	ment/registration num 0 70056		•		Y OF STAT	PH 12: 1	7222
4. I, Salvato	re De Blus'	·	, hereby resign as a	Manu (Př	y Ny int Title)	Ma	7p6\
of this limited lial resignation in wri	oility company and affi ting.	irm the lim	ited liability compar	ny has beer	n notifie	ed of i	my
Signature of Resi	gning Member, Manag	ging Memb	er or Manager				
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)						