## L12000/035/8

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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SEP 21 2018 S. YOUNG 8 SEP 17 PM 4:53

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Steva Pan (Name of Limited Liabil	
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to:
Eva Acudia (Contact Person)	
Steva Partners (Firm/Company)	
9703 Collins Ave #	AHASSEE, FLORIDA
FL_ 33 154 BAL HAR BOUK (City/State and Zip Code)	2
For further information concerning this matter, pleas	se call:
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Find \$25 Filing Fee	lorida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

1. The name of the limited liability	y company as it ap	opears on the records of t	he Florida Department
of State is: Stev			
2. The Florida document/registrat	on number assign	ned to this limited liabilit	y company is:
Document Nr L Zooc 10 3	518 (EIN 30	008-15139)	
3. The date this member/manager	withdrew/resigne	d or will withdraw/resign	n is: <u>08-22-2</u> 018
4.1. Stephen Ac	udia esigning)	_, hereby withdraw/resig	gn as a
AMBR Mahia GAR (Unite)	forized m	ember)	
of this limited liability company resignation in writing.			has been notified of my FILE FILE
Signature of Dissociating Me	mber or Resignin	g Manager	- Fr ⊋ □
Filing Fee: \$25.00 (Received Copy: \$30.00 (O			14: 53 STATE LORIDA