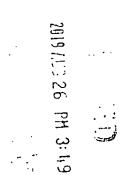
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Office Use Only



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R. WHITE. SEP 0.3 2019

COVER LETTER

-هين		• • •
TO: Registration Section		
Division of Corporations		
·		
MYSOLE LLC		
SUBJECT:		
(Name of Li	mited Liability Co	ompany)
The enclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
PHILIP D KNAPP CPA		
(Contact Person)		-
PHILIP D KNAPP CPA PA		
(Firm/Company)		_
PO BOX 70		
(Address)		_
ALSTON GA 30412		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call	:
PHILIP D KNAPP	_. 786	457 8779
(Name of Contact Person)	at ((Area Cod	e & Daytime Telephone Number)
(, , , , , , , , , , , , , , , , , , ,	(, • • •	
Englosed please find a check made payable	to the Florida	Department of State for:
✓ \$25 Filing Fee	🗖 \$55 Filin	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



2019 A: 26 PM 3: 49

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)

	e limited liability company as it appears on the records of the Florida Department
of State is:	SOLE LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1300	0036760
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: <u>tft 2018</u>
4. I, Myria	yame of Person Resigning), hereby withdraw/resign as a
Mem	ber (Print Title)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
1 SY	
Signature of D	issociating Member or Resigning Manager
	S25.00 (Required)
Certified Conv.	\$30.00 (Optional)