113000061783

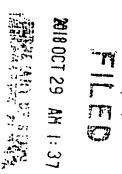
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: COSMIK DEBRIS LLC		
(Name of Li	mited Liability Compar	ny)
The enclosed member, resignation or dissort	ciation and fee(s) ar	e submitted for filing.
Please return all correspondence concerning	g this matter to:	
CLAUDIO BENEDETTI		
(Contact Person)		
(Firm/Company)		
1680 MICHIGAN AVE STE 910		
(Address)		
MIAMI BEACH, FL 33139		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
CLAUDIO BENEDETTI	305 6	724971
(Name of Contact Person)	_ \	Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		ertment of State for: e & Certified Copy
STREET/COURIER ADDRESS:		AILING ADDRESS:
Registration Section Division of Corporations		gistration Section
Clifton Building		vision of Corporations D. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Ilahassee, Florida 32314

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)

of State is: COSMIK DEBRIS LLC	t
2. The Florida document/registration number assigned to this limited liability company is: L13000061783	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/23/2018 10/23/2018 4. I. UMBERTO F. VERGINE hereby withdraw/resign as a	
(Print Name of Person Resigning)	च
MGRM (Print Title)	Ĭ
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Utt.	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	