413000 110981

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	_	
	Office Use Onl	· ·



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FILED

19 MAY 17 PM 3: 12

SECRETARY OF STATE.

JUN 0 3 2019 T **8C**XX**DEDE**R

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PURGENE	imited Liability Company)
The enclosed member, resignation or disse	• •
Please return all correspondence concerning	ig this matter to:
Sera Z'Sunga	
(Contact Person)	
PURGENE LLC	
(Firm/Company)	
1208 Morrine Way Apr ALIC (Address)	3
(Address)	
North Palm Beach, Fl ?	53408
(City/State and Zip Code)	
For further information concerning this ma	ner, piease can:
Sera 2. Sunga	at (561) 762-9444
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\\$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$55 \text{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 (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)

1. The name of the limited liability comp	pany as it appears on the records of the Florida Department
•	.C
2. The Florida document/registration num	mber assigned to this limited liability company is:
1 1300011 0981	·
3. The date this member/manager withdr	ew/resigned or will withdraw/resign is: May 13, 19
4. I. Sera Z. Sungu (Print Name of Person Resigning)	, hereby withdraw/resign as a
MGRM (Prim Title)	
of this limited liability company and aff resignation in writing.	irm the limited liability company has been notified of my
Sem 7:5	men-
Signature of Dissociating Member or	Résigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	FILED MY 17 PH 3: MASSET FLORIDA
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