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COVER LETTER

Divis	ion of Corporations		
SUBJECT:	CLS & MONET LLC		
	(Name of Limited Liability Company)		
The enclosed	member, resignation or disse	ociation and fee	(s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to	;
Mrs. NAJAT D	AHBANE		
	(Contact Person)		
CLS & MONE	TLLC		
	(Firm/Company)		_
7871 SW 195tl	п Теттасе		
	(Address)	••	_
Miami 33157			
	(City/State and Zip Code)		
For further ir	nformation concerning this m	atter, please call	:
NAJAT DAHB	ANE	786 at (3347880
(N	ame of Contact Person)		e & Daytime Telephone Number)
(N	ame of Contact Person) ase find a check made payabl	at (at () e & Daytime Telephone Numl

Mailing Address:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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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 ap & MONET LLC	pears on the records of the Florida Department
		d to this limited liability company is:
	ember/manager withdrew/resigned	or will withdraw/resign is: June 16, 2022 hereby withdraw/resign as a
Authorized Memi	her (Print Title)	
of this limited lia resignation in wr		ited liability company has been notified of my
Signature of D	issociating Member or Resigning l	Manager
	\$25.00 (Required) \$30.00 (Optional)	