L15 CCCC 16421

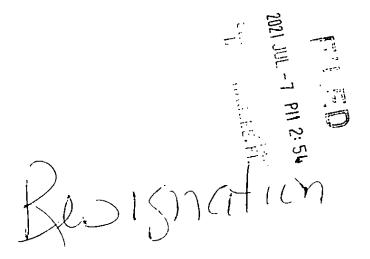
(Reques	or's Name)	
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PICK-UP	WAIT	MAIL
/Ducinos	s Entity Name)	
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(Docume	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer	
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JUL 28 2021 I ALBRITTON

COVER LETTER

_	istration Section ision of Corporations	6	
SUBJECT:	LIMON	UC (Name of Limited Liability Co	ompany)
			s) are submitted for filing.
Please retur	n all correspondence	concerning this matter to	:
MATIN	S MONASTIR (Contact Pers	SKY Son)	_
MMM	MANAG EME (Firm/Compa	eny)	
323	5 2181 M (Address)	VENUE SIE C	_
Houg	'wood Good (City/State and Z	ip Code)	- -
For further i	information concerni	ng this matter, please call	:
MATI	AS MONASI	125xy at (954	_) <u>505-32/9</u> e & Daytime Telephone Number)
Enclosed plo \$ \$25 Filin		de payable to the Florida !	g Fee & Certified Copy
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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	f the limited liability company as it appears on the records of the Florida Department
of State is: _	Limon UC
2. The Florida	document/registration number assigned to this limited liability company is:
45000	00 16 4 21
3. The date this	s member/manager withdrew/resigned or will withdraw/resign is: 1/1/2017
4. I. <i>Jw. Man</i> (Pr	AGEMEN YENTURE UC, hereby withdraw/resign as a int Name of Person Resigning)
MANA	46EK (Print Title)
	d liability company and affirm the limited liability company has been notified of my writing.
Signature o	of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)