L15000029209

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(Only/States E.p./ Hone my			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			





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K. SALY FEB 7 2018

COVER LETTER

TO:	_	stration Section ion of Corporations	!
	121113	KAI OI COIPOIAGOIIS	
SUBJE	ECT:	CONTEXTO LLC	
		(Name of Limited Liability Cor	npany)
The en	closed	member, resignation or dissociation and fee(s	a) are submitted for filing.
Please	return	all correspondence concerning this matter to:	
VAS	soul	_A VASILIOU	
		(Contact Person)	-
		(Firm/Company)	_
430 N	E 53	STREET	
		(Address)	_
MIAM	l, FL	33137	
		(City/State and Zip Code)	
For fur	ther ir	nformation concerning this matter, please call:	
VAS	sou	LA VASILIOU 786	280-2413
	(N		& Daytime Telephone Number)
Enclos	-	ase find a check made payable to the Florida E g Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Registr Division Clifton 2661 E	ration on of C Build Execut	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED

18 FEB - S AM II: 19

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 company as it appears on the records of the Florida Dep	artment
of State is:	<u> </u>
2. The Florida document/registration number assigned to this limited liability company is: L15000029209	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/01/201	8
4. l. VASSOULA VASILIOU , hereby withdraw/resign as a (Print Name of Person Resigning)	
MGRM	i I
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	l of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	i 1
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