## 11500033891

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	<u></u>
(City	/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
GIMMIL NEMPOUN (Contact Person)	<del></del>
(Firm/Company)	
Will Indian Rocas Ri (Address)	<u>nd</u>
City/State and Zip Code)	
For further information concerning this matter	er, please call:
(Name of Contact Person)	at ( 246 ) 29-4740 (Area Code & Daytime Telephone Number)
Exclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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 lin	mited liability co	ompany as it ap	pears on the records of the Flori	da Department
of State is:	DY lurae	Orthohas 1	W.	<del></del> -
2. The Florida docum	ient/registration ら0000 かわ	number assigno	ed to this limited liability compa	2019 OCT
3. The date this mem	ber/manager wit	hdrew/resigned	for will withdraw/resign is: 🔟	1/1/2019 5
4. 1. Print Name	NO MMDCO ne of Person Resign	√_ ing)	for will withdraw/resign is:	9.0
	ud Mimber int Title)	<u></u> .		int o
of this limited liabil resignation in writing		l affirm the lim	ited liability company has been	notified of my
(37)	Wor			
Signature of Disse	ociating Membe	r or Resigning	Manager	
Filing Fee:	\$25.00 (Requir	•		
Certified Copy:	\$30.00 (Option	ial)		