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J. HARRIS

COVER LETTER

TO: Registration Section						
Division of Corporations						
SUBJECT: HUZ, LLC (Name of Limited Liability Comp	pany)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
SHURAN ALI						
(Contact Person)						
SHUZ, LLC						
(Firm/Company)						
530/ MANOR DIANE						
(Address)						
NEW PORT KICHEY 3465Z	,					
(City/State and Zip Code)						
For further information concerning this matter, please call:						
SUURAN AU at 727	815-6615					
· · · · · · · · · · · · · · · · · · ·	& Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida De	-					
\$25 Filing Fee \$55 Filing	Fee & Certified Copy					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section					
•	Division of Corporations					
U	P.O. Box 6327					
2661 Executive Center Circle	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)

	imited liability company as it a	ppears on the records of the	Florida	Depar	tment
of State is:	SHUZ, LLC				·
L15000		·			
3. The date this men	nber/manager withdrew/resigne	ed or will withdraw/resign is	<u> 5</u> £	PIE	MISER 25
4. I,OHO	me of Person Resigning)	, hereby withdraw/resign a	s a		7015
<u>Mem</u>	Print Title)				
of this limited liab resignation in writ	ility company and affirm the ling	mited liability company has l	oeen not	tified (of my
			Ā	9132	
Signature of Sis	sociating Member or Resigning	g Manager	CAHASE	FEB -L	THE PARTY OF THE P
Filing Fee:	\$25.00 (Required)		in.	, Tab	τ Γ
Certified Copy:	\$30.00 (Optional)		FLORID	MH: 23	: '