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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MODERN POLICY LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CLAIRESSE BROGOITTI (Contact Person)
(Contact Person)
EPGD BUSINESS LAW (Firm/Company)
777 SW 37TH AVE, SUITE SID (Address)
MIAMI, FLURIDA 33135 (City/State and Zip Code)
For further information concerning this matter, please call:
CLAIRECSE BROGOITTI at (202) 900 - 2818 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 525 Filing Fee & Certified Copy
2 055 1 ming 1 00 to Control Copy
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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 th	ne limited liability company as it appears on the records of the Florida Departs	ment
of State is: M	IODERN POLICY LLC	·•
2. The Florida doc	cument/registration number assigned to this limited liability company is:	
L150002	09802	
3. The date this m	nember/manager withdrew/resigned or will withdraw/resign is: 12-31-2	019
4. 1, <u>NINA MO</u> (Print)	nember/manager withdrew/resigned or will withdraw/resign is: 12-31-2 PMAYCZZADEH , hereby withdraw/resign as a Name of Person Resigning) DER	1
MANAG	DER 6	
	(Print Title)	: : ;
of this limited lie resignation in w	ability company and affirm the limited liability company has been notified of riting.	my
Nina Momay	rezzadeh 🖊	
Signature of D	Pissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	