## W16000006432

(Requestor's Name)	_
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(Address)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Alexandre Navorro (Contact Person)
Neus U.C. (Firm/Company)
585 US 41 By pass
Venice, Fl 34285 (City/State and Zip Code)
For further information concerning this matter, please call:
Alexandre Novarro at 941 220 8210 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  □ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

CR2E079 (2/14)



## 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	e limited liahility	company as it a	mpears on the r	ecords of the Flor	rida Dep	artmen	ı <b>t</b>
	_		<b>T</b>			_	
of State is: NO	OS LLC						
2. The Florida doc	ument/registratio	n number assig	ned to this limit	ed liability comp	any is:		
L16.0000	D6432	<u>.                                   </u>	·				
3. The date this me	mber/manager w	vithdrew/resign	ed or will withd	raw/resign is: <u>0</u>	5/31/	1202	22
4. I. Sophie Prime A							
_AUBR	(Print Title)	·					
of this limited lia	bility company a	nd affirm the lis	nited liability co	ompany has been	notified	of my	
resignation in wr	iting.						
\$	THE						
Signature of Di	ssociating Memb	er or Resigning	Manager	-			
<b></b>		$\rightarrow$			≱չ։	2022 MAY 2	
					F (**)	<b>Ξ</b>	1
Filing Fee:	\$25.00 (Requ				# [] <b>&gt;</b> 57	~	
Certified Copy:	\$30.00 (Optio	onal)			S S	27	<u> </u>
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