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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nassimbeni Photogram (Name of Limited Liability Co	phy LLC
The enclosed member, resignation or dissociation and feet	(s) are submitted for filing.
Please return all correspondence concerning this matter to	;
Koven Noissimbeni (Contact Person)	_
Nassin beni Photography (Firm/Company)	_
401 LU Seminole Blud # Kig (Address)	_
Scrifford, F1 32771 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call	:
(Name of Contact Person) at (772) (Area Cod) 475 - 1613 le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	Department of State for: 1g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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	limited liability company as	s it appears on th	he records of the	Florida D	epartn	nent
of State is: <u>V</u>	ussimben, Photog	graphy LL	<u>- C</u>			
2. The Florida docs	ament/registration number a	ssigned to this l	imited liability co	ompany is	:	
4160000	118405					
3. The date this me	mber/manager withdrew/res	signed or will w	ithdraw/resign is	7.26	, . 17	
4. I. <u>Breno</u>	Nassabe ni Jame of Person Resigning)	, hereby w	/ithdraw/resign a	s a		
Manag	Print Title)					
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liabili - -	ity company has t	been notif	ied of	my
1				יאררעון פידיישָנָ	2017 JUL 3	
Signature of Di	ssociating Member or Resig	ning Manager		SSVI PAR	3	
-	\$25.00 (Required) \$30.00 (Optional)			70150 U 34	PM 2: 01	
-	-			E LOSOX		