LIUD00100532

(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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Besignation

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Certificate of Fictitious Name				
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Officer Search				
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Walk-In Will Pick Up Courier	Name	 Date	Time	
				UCC Retrieval
			Up	Courier







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L16000100832	ment/registration number as	ssigned to this limited liability company is:
4. I, Guy Amanou (Print No.		igned or will withdraw/resign is: June 14,2021, hereby withdraw/resign as a
of this limited liab resignation in wri	Print Title) pility company and affirm th ting.	e limited liability company has been notified of my
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager