## L16000 115042

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## **COVER LETTER**

Registration Section		, •
Division of Corporations		·
ECT:		
(Name of Li	imited Liability C	Company)
nclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
return all correspondence concerning	ig this matter to	o:
ANGELA MACK		
(Contact Person)		
AX ACCOUNTING & FINANCIAL SPEC	CIALISTS,LLC	
(Firm/Company)		<del></del>
2295 S. HIAWASSEE RD STE 40	7F	
(Address)		<del></del>
ORLANDO, FL 32835		
(City/State and Zip Code)		<del></del>
rther information concerning this ma	itter, please ca	II:
LA MACK	407	710-0808
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
sed please find a check made payable	e to the Florida	a Department of State for:
5 Filing Fee	□ \$55 Fili	ing Fee & Certified Copy
Mailing Address:		Street Address:
<del>-</del>		Registration Section Division of Corporations
•		The Centre of Tallahassee
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810
	BITTON ECT:  (Name of Lancelosed member, resignation or dissorted and correspondence concerning and angela Mack (Contact Person)  AX ACCOUNTING & FINANCIAL SPECE (Firm/Company)  2295 S. HIAWASSEE RD STE 40  (Address)  ORLANDO, FL 32835  (City/State and Zip Code)  rther information concerning this mathematical and concerning this mathematical and concerning the second please find a check made payable of Filing Fee  Mailing Address: Registration Section Division of Corporations P.O. Box 6327	BITTON CARNEIRO, LE  (Name of Limited Liability Conclosed member, resignation or dissociation and fereturn all correspondence concerning this matter to ANGELA MACK  (Contact Person)  AX ACCOUNTING & FINANCIAL SPECIALISTS.LLC  (Firm/Company)  2295 S. HIAWASSEE RD STE 407F  (Address)  ORLANDO, FL 32835  (City/State and Zip Code)  rther information concerning this matter, please called MACK  (Name of Contact Person)  Address in the formation of the formation of Corporations  Filling Fee   Mailing Address:  Registration Section  Division of Corporations  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)

	limited liability company as ON CARNEIRO, LLC		of the Flor	ida De	epartmen		
2. The Florida docu L16000115042	nment/registration number ass	signed to this limited liab	oility comp	any is	:		
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/re	sign is:	08/202	1		
		hereby withdraw/resign as a					
(Print N	ame of Person Resigning)	<u></u>					
	MANAGER						
<del> </del>	(Print Title)						
of this limited lia resignation in wr	bility company and affirm the	e limited liability compan	ny has been TALLAH AALLAH	2021	ied of my		
Signature of Di	ssociating Member or Resign	ning Manager	IVSSEE.	APR 12 P	1		
Filing Fee:	\$25.00 (Required)		ELO TS:	PM 2:	(;		
	\$30.00 (Optional)		2 2 2 4 1	~			