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(Re	questor's Name)		
(Address)			
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates o	of Status	
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12/3/20

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
PURXCELL LLC SUBJECT:	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Myron E. Siegel	
(Contact Person)	
Myron E. Siegel, P.A.	
(Firm/Company)	
1055 S. Federal Highway	
(Address)	
Hollywood, FL 33020	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Myron E. Siegel	954 703-1619 ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  ] \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## FILED

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SECRETARY OF STATE TALLAHASSEE, FL

### 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 State is	DUD VCDLL LLC	is it appears on the records of the Florida Department
2. The Florid	•	assigned to this limited liability company is:
3. The date t	this member/manager withdrew/re	signed or will withdraw/resign is:
4. I, Irene M	(Print Name of Person Resigning)	, hereby withdraw/resign as a
Member	(Crim Name of Person Resigning)	
\	(Print Title)	
	ited liability company and affirm to in writing.	he limited liability company has been notified of my
Signatur	e of Dissociating Member or Resi	gning Manager
Filing Fee: Certified Co		