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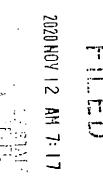
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ce(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Faire - SteanAN	
(Contact Person)	<del></del>
3115 St St. S	
(Address)	
JULISIN VILLE FT. 32250 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please c	all:
- Palae L. SpeenAN at 90	4, 612 4753
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fi	da Department of State for: iling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 it appears on the record	ls of the Florida Department
2. The Florida docu	ment/registration number	assigned to this limited li	ability company is:
4. I. Print No.	The of Person Resigning)  Print Title)  Dility company and affirm	, hereby withdraw	resign is: <u>YYVUC ZOZO</u> resign as a any has been notified of my
Ü	ssociating Member of Resistance \$25.00 (Required) \$30.00 (Optional)	igning Manager	2020 NOV 12 AM 7: 17