

# L17000 002 161

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

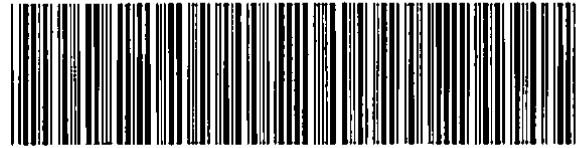
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 800331973618

07/26/19--01020--008 \*\*25.00

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2019 JUL 26 AM 10:16  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

Y SULKER

JUL 31 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

4-Evergone, LLC

**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gian Gordon-Whyte

\_\_\_\_\_  
(Contact Person)

Gian Gordon-Whyte CPA LLC

\_\_\_\_\_  
(Firm/Company)

P.O. Box 25580 KIN 20835

\_\_\_\_\_  
(Address)

Miami, FL 33102

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gian Gordon-Whyte

954

919-3303

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



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 it appears on the records of the Florida Department  
4-Evergone, LLC  
of State is: \_\_\_\_\_

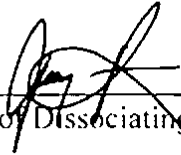
2. The Florida document/registration number assigned to this limited liability company is:  
L17000002161  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/20/2019  
Khary Robinson

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
President

\_\_\_\_\_  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)