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COVER LETTER

Division of Corporations
SUBJECT: Chalk & Ivon LLC
(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:
Claudia John Z (Contact Person)
CMIK & TWO, LLC (Firm/Company)
8004 STRJ 84
Davie 533324 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) (004-1079) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{\$25\$ Filing Fee}\$\$ \$\sqrt{\$55\$ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee Florida 32314

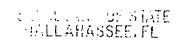
CR2E079 (2/14)

Tailahassee, Florida 32301





2019 HAR -8 PM 4:00



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
of State is:	Lhalk & Iron, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	100006367.
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 3/5/2019
4.1. Shaw	hereby withdraw/resign as a , hereby withdraw/resign as a
AM	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
10	···
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)