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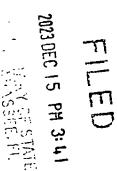
(A)					
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

	gistration Section vision of Corporations		•	
SUBJECT	F.CUBED LLC			
	(Name of	Limited Liability Co	mpany)	
The enclos	sed member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerr	ning this matter to:		
Sana Ali				
	(Contact Person)		_	
E CUBED, I	LLC			
-	(Firm/Company)		_	
11380 NW 7	77th Place			
	(Address)		_	
Parkland, FL	_ 33076			
	(City/State and Zip Code)		_	
For further	r information concerning this r	matter, please call:		
Sana Ali		954 at (821-4572	
	(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed p	please find a check made paya	ble to the Florida I	Department of State for:	
□ \$25 Fili	ing Fee	■ \$55 Filin	g Fee & Certified Copy	
<u>Ma</u>	iling Address:		Street Address:	
Registration Section			Registration Section	
	vision of Corporations D. Box 6327		Division of Corporations The Centre of Tallahassee	
-	J. BOX 0327 Hahaccee FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



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)

		• •	s of the Florida Department
of State is: E CUB	ED, LLC		
2. The Florida documents	ment∕registration number a	ssigned to this limited lia	bility company is:
3. The date this men	nber/manager withdrew/res	signed or will withdraw/re	esign is:
4. I, Hasan Ali (Print Na	resign as a		
Authorized Membe			
(1	Print Title)		
of this limited liab resignation in writ		he limited liability compa	ny has been notified of my
Du	-Di		
Signature of Dis	sociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILE 2023 DEC 15 F