L17000042065

(Ře	equestor's Name)	
(Ad	Idress)	
,	•	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.	ninna Fulik Ma	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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05/16/22--01022--025 **25.00

MEN/Resign 8/18/22



COVER LETTER

TO: Registration Section Division of Corporations		
HOLLYWOOD DNA, ELC		
SUBJECT: (Name of I	Limited Liability Co	ompany)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to.	:
AHMED ANTAR		
(Contact Person)		_
(Firm/Company)		_
601 NE 2ND PL		
(Address)		
DANIA, FL 33004		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call	:
AHMED ANTAR	305 at (915-9181
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payab		
■ \$25 Filing Fee	년 \$55 Filin	ng Fee & Certified Copy
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, 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)

	limited liability company as it appears on the records of the Florida Department LYWOOD DNA, LLC
	ument/registration number assigned to this limited liability company is:
AHMEDANTA	ember/manager withdrew/resigned or will withdraw/resign is: 4/27/2022
MANAGER	
	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)