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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: VOTCH)O ANOCOSTCIES (Name of Limited Liability Company)
(Name of Entared Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ENTCO D'Connor (Contact Person)
Votano Turustras LLC (Firm/Company)
SHU BRICHMEN DIZ. (Address)
LAXE MARY FL 32746 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:





2017 OCT 26 FK 4:27

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 Departmen	t
of State is: _	VOTANO THOUSTRIES LLC	
2. The Florida o	locument/registration number assigned to this limited liability company is:	
LMC	000094983	
3. The date this	member/manager withdrew/resigned or will withdraw/resign is: 10 23:11	_
4. 1. Pan	nt Name of Person Resigning), hereby withdraw/resign as a	
Mene	(Print Title)	
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.	,
Signature o	f Dissociating Member or Resigning Manager	
-	\$25.00 (Required) \$30.00 (Optional)	