L17000113631

(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:			

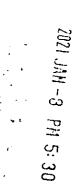




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5. YOUNG



COVER LETTER

Division of Corporations MADELEINE & CO. 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: CORINNE OUELHADE (Contact Person) MADELEINE & CO. LLC. (Firm Company) 530 SOUTH SHORE DRIVE (Address) MIAMI BEACH, FL 33141 (City State and Zip Code) For further information concerning this matter, please call: CORINNE OUELHADJ (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 **፷** \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section



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)

of State is: MAI				
	rument/registration number a	ssigned to this limited liability cor	mpany is:	
L17000143631				
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is:	12/28/2020	
22 A A 431 T 12 D 123	**************************************	, hereby withdraw/resign as		
	Name of Person Resigning)			
MANAGER	·			
	(Print Title)			
of this limited lia resignation in w		ne limited liability company has be	een notified o	ofmy
-	B			
				
Signature of D	issociating Member or Resig	ming Manager		