1700059049

(Requ	estor's Name)				
(Addre	ess)				
(Addre	ess)				
(City/S	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busir	ness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900331592879

 $\widehat{U}_{t} \cdot \widehat{U}_{t-1,2} = (1, \dots, 1, \dots, 1$

19 JUL -8 PH12: 09

WISH A STATE OF THE TOWN

volumen do caid

JUL 2 3 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CGE Consultant LLC (Name of Limited Liability Company)		
(Name of Emitted Elability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Rodney Cherfils		
(Contact Person)		
CGE Consultant LLC		
(Firm/Company)		
1000 NW 155th LN Apt 426		
(Address)		
Miami, FL 33169		
(City/State and Zip Code)		_
For further information concerning this matter, please call:	10 JUL	₹. •:
Rodney Cherfils 786 262-9326	8	•
(Name of Contact Person) (Area Code & Daytime Telephone Number)	PM 12: 09	:
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy		

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

	e limited liability company as E Consultant LLC	it appears on the records of the l	Florida Department
2. The Florida doc L1700015904	•	signed to this limited liability co	mpany is:
3. The date this mo	ember/manager withdrew/resi	igned or will withdraw/resign is:	07/03/2019
4. I, Rodney Che	erfils	, hereby withdraw/resign as	
Authorised P	erson/ Manager		
of this limited lia	(Print Title) ability company and affirm the	e limited liability company has b	een notified of my
(/)			PH 12: 09
Signature of D	issociating Member or Resign	ning Manager	12: 09
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		