

L17000223896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

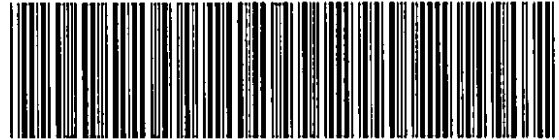
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

D. BRUCE
SEP 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ahol Atelier, LLC
(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:

LORENA Rodriguez
(Contact Person)

Ahol Atelier, LLC
(Firm/Company)

20012 Rima Ct
(Address)

Boca Raton FL 33434
(City/State and Zip Code)

For further information concerning this matter, please call:

LORENA Rodriguez at (561) 843 1373
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AHO! Atelier, LLC

2. The Florida document/registration number assigned to this limited liability company is:


L17000223896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/28/18

4. I, Veronika Bazon, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 08/28/18
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2018 AUG 30 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

F.S. 695.25

State of Florida

County of Palm Beach

The foregoing instrument was acknowledged
before me this 28th day

of August 2018
Month Year

by Veronica Bazzan
Name of Person Acknowledging

who is personally known to me or who
has produced

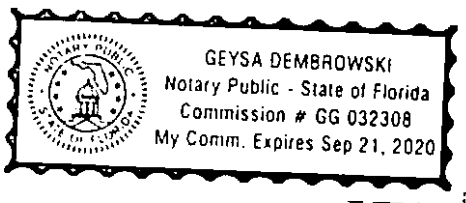
FL Driver License
Type of Identification

as identification.

[Signature]
Signature of Notary Public

Geysa Dembrowski
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida



Place Notary Seal Stamp Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document
or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Association or Resignation of Member

Document Date: 8/28/18 Number of Pages: 1

Signer(s) Other Than Named Above: N/A