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SECRETARY OF STATE

PEC . . . 2018

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EYOM CARRIER			
	Limited Liability Co	ompany)	
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to	:	
MAOR MORYOSEF			
(Contact Person)	1011 <u>-</u> 1011	TALL	2018 NOV 26 AM 9: 18 SECRETARY OF STATE
(Firm/Company)		_	验 26
218 NE 12TH AVE # 308			TOP ST
(Address)		_	100 mg
HALLANDALE BEACH, FL 33009			
(City/State and Zip Code)			
For further information concerning this m	atter, please call	:	
MAOR MORYOSEF	305	998-9499	
(Name of Contact Person)		e & Daytime Telephone Nur	nber)
Enclosed please find a check made payab ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations	•		•
Clifton Building		Division of Corporations P.O. Box 6327	,
661 Executive Center Circle		Tallahassee, Florida 323	14

CR2E079 (2/14)

Tallahassee, Florida 32301



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 of State is:	• • •	t appears on the records of the FI	lorida Department
2. The Florida doc L1700022917	•	igned to this limited liability con	TO NOV
		gned or will withdraw/resign is:	191/2018 The state of the st
MGR	·	, hereby withdraw/resign as a	<u> </u>
of this limited lia resignation in wr	, ,	limited liability company has be	en notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		