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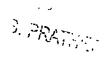
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Cruzan Confusion LLC. (Name of Limited Liability Company)
(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:
Tamaran Le Zama (Contact Person)
Havara House Coft (Firm/Company)
1955 8 Toole Terr
Laveness, FL 34450 (City/State and Zip Code)
For further information concerning this matter, please call:
Johnne Frontal at (340) 201-1919 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\cup \sum 2} \sum 25 \text{ Filing Fee & Certified Copy}\$  \$\sum \sum 255 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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 I	imited liability company	as it annears on the	records of the Flor	ida Dens	artment	
				ida Depa	n tilletit	
of State is:	ruzan Co	intusion	LhC.		<del></del> -	
2. The Florida docu	ment/registration number	assigned to this lim	ited liability compa	any is:		
_L17000	0240109	<u> </u>				
3. The date this men	nber/manager withdrew/r	esigned or will with	draw/resign is: 3	-18-	-19	
Print No.	me of Person Resigning)  Print Title)	, hereby with	ndraw/resign as a			
of this limited liab	ility company and affirm	the limited liability	company has been	notified	of my	
	2 Ab					
Signature of Dis	sociating Member or Res	signing Manager	_	TALL	2019 APR 22	
Filing Fce: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			CAHASSEE, F	<b>P</b>	m
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