117000241427

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MONATIW, LLC (Name of Limited Liability Cor	пралу)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
JAKCIS MAHLER (Contact Person)	
(Contact Person)	_
Monatil, LCC (Firm/Company)	
(Firm/Company)	_
708 Reflection Cove Rol E	
(Address)	_
Jacksonville, FL 37718 (City/State and Zip Code)	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Tando Hanler at (904 (Name of Contact Person) (Area Code	, 859 0568
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Monatik, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 170	000241427
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/15/17
4. I. BEZKRO	WY MALSYM, hereby withdraw/resign as a a ame of Person Resigning)
M	GR (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
J.	Sequirov nyt- ssociating Member of Resigning Manager
Signature of Di	ssociating Member/of Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)