L17000 246396

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2020 JULY 22 PH 4: 26

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Man Man Out Chtay LhC (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:
Marguel Bakur (Contact Person)
May May Diste Contrary LAC
505 M. StateRD21
Marthary), Fl. 32,640 (City/State and Zip Code)
For further information concerning this matter, please call: CUL (352)5/4-9/4
Manual BARLU at (352) 218-404/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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	s of the Florida Department
of State is: Mary Mary Jute Contra	MALC.
2. The Florida document/registration number assigned to this limited lia	bility company is:
117000246396	5/20/22
3. The date this member/manager withdrew/resigned or will withdraw/resigned or will will will will will will will wil	esign is:
4. 1, AMBER FUSS, hereby withdraw/r	resign as a
AMB R (Print Title)	
of this limited liability company and affirm the limited liability comparesignation in writing.	ny has been notified of my
amber Fusion	
Signature of Dissociating Member or Resigning Manager	2020 JUN 22
	<u> </u>
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	22
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