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O SIMMON.
APR 2 6 2022

#### **COVER LETTER**

TO:	-	stration Section		
	Divis	sion of Corporations		
SUBJ	IECT:			
		(Name of I	Limited Liability Co	mpany)
The e	nclosed	d member, resignation or diss	ociation and fee(	s) are submitted for filing.
Please	e returi	all correspondence concerni	ng this matter to:	
MANS	SOUR. C	GHASSAN		
		(Contact Person)		_
MANS	SOUR I	NDUSTRIES INC.		
		(Firm/Company)		_
120 S	EDISON	N AVENUE		
		(Address)		_
ТАМР	A, FL 3	3606		
		(City/State and Zip Code)		_
For fu	irther i	nformation concerning this m	atter, please call:	
GHAS	SAN M	ANSOUR	813 at (	258-6691
	(N	laine of Contact Person)	(Area Code	258-6691 _)
Enclo	sed ple	case find a check made payab	le to the Florida I	Department of State for:
		g Fee		
	Maili	ng Address:		Street Address:
	Regi	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327 shassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	тана	massee, rt. 52514		Tallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE, FL

### 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)

	e limited liability company as it appears on the records of the Florida Department
	nument/registration number assigned to this limited liability company is:
CHACCANIATA	ember/manager withdrew/resigned or will withdraw/resign is:  NSOUR, hereby withdraw/resign as a
MANAGER	·
resignation in w	
(oho)	issociating Member or Resigning Manager
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)