X18 000	1006083
(Requestor's Name) (Address) (Address)	700330901877
(City/State/Zip/Phone #)	06/20/1901012013 ** 25.00
(Business Entity Name) (Document Number) rtified Copies Certificates of Status pecial Instructions to Filing Officer:	2019 U.S. PH 1: 04
Office Use Only	Resignation
	JUL 0 3 2019 I ALBRITTON

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2019 - 20 PH 1:04

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: ______

2. The Florida document/registration number assigned to this limited liability company is: L18000006083

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: APRIL 1, 2019
- 4. I. HANAN BOKTOR

_____, hereby withdraw/resign as a

(Print Name of Person Resigning)

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MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

..... Roh

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)