L18000016724

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(Re	equestor's Name)	
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(0)	ity/State/Zip/i 110//	C #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Reg	gistration Section	
Div	rision of Corporations	• ;
SUBJECT	NATURAL QUANTA LLC	
~ -	(Name of Limited Liability Co	ompany)
The enclos	ed member, resignation or dissociation and fee((s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to	:
LELIO YAN	1AO	
	(Contact Person)	
TAX SOLU	TIONS & BOOKKEEPING LLC	
	(Firm/Company)	
7751 KINGS	SPOINTE PKWY - STE 119	
1	(Address)	_
ORLANDO.	FL 32819	
	(City/State and Zip Code)	
For further	information concerning this matter, please call	:
LELIO YAN	MAO 407	930-0829
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed p № \$25 Filin	olease find a check made payable to the Florida ing Fee	-
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Iahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	mited liability company as	s it appears on the records o	of the Florida Department
2. The Florida docum L18000016724	ent/registration number a	ssigned to this limited liabi	lity company is:
CC DECEDIATION	LATITO	signed or will withdraw/resi	
4. [, hereby withdraw/res	sign as a
AMBR	ie of Person Kesigning)	ne limited liability company	2020 NO
(P)	rint Title)		¥ , ,
resignation in writi	Mail.		has been notified of my 7:06
Signature of Diss	ociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		