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## COVER LETTER

TO: Registration Section Division of Corporations REACH EXOTICS LLC **SUBJECT:** (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: Yusif Aliyev (Contact Person) (Firm/Company) 3920 NW 90th Way (Address) Sunrise, FL, 33351 (City/State and Zip Code) For further information concerning this matter, please call: Yusif Aliyev 305 748-7333 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☑ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee

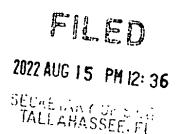
Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



## 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
	· · · · · · · · · · · · · · · · · · ·
2. The Florida doc L18000085235	cument/registration number assigned to this limited liability company is:
	8/1/2022
3. The date this mo Yusif Aliyev	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a Name of Person Resigning)
(Print I Manager	Name of Person Resigning) .
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
All	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)