118000135209

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations **Entheos Laces 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: Seth Welin (Contact Person) **Entheos Laces LLC** (Firm/Company) 11942 Rosetree Place S (Address) Seminole, FL 33772 (City/State and Zip Code) For further information concerning this matter, please call: Seth Welin (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section **Registration Section Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2

(Pursuant to 605.0216, Florida Statutes)

	ne limited liability company a	s it appears on the records of the Florida Department
		and to this limited liability company is:
		assigned to this limited liability company is:
L180001	35209 	·
3. The date this n	nember/manager withdrew/re	signed or will withdraw/resign is:
		hereby withdraw/resign as a
(Prin	Name of Person Resigning)	
Author	ized Person	
	(Print Title)	
of this limited l		the limited liability company has been notified of my
		<u>VIC 1368</u>
Signature of	Dissociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	

\$30.00 (Optional)

Certified Copy:



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 a	s it appears on the records of the Florida Department
of State is:	eos Laces LLC	
2. The Florida docu	ment/registration number a	assigned to this limited liability company is:
L18000135		三百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: 071242018
	ner B. Sergakis	, hereby withdraw/resign as a Page 2
(Print N	ame of Person Resigning)	<u> </u>
Authorize	ed Person	
	(Print Title)	
of this limited lial resignation in wri		he limited liability company has been notified of my
		VIC 1358
Signature of Di	ssociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	