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## COVER LETTER ...

TO: Registration Section Division of Corporations

INNOVATION WAY LLC SUBJECT:			
(Name of Limited Liability Company)			
The enclosed member, resignation or dis	ssociation and fee	(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to	:	
EMANUELLE OLIVEIRA			
(Contact Person)		<del>_</del>	
CSG CAPITAL SERVICES GROUP	INC		
(Firm/Company)		<b></b>	
446 W HILLSBORO BLVD			
(Address)		<del></del>	
DEERFIELD BCH, FL 33441			
(City/State and Zip Code)		<del>_</del>	
For further information concerning this	matter, please cal	l:	
EMANUELLE	954 at (	427.4770	
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)	
Enclosed please find a check made paya  \$\mathbb{B}\$ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building



## 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)

The Florida document registration numb	er assigned to this limited liability company	7 IS1
L18000153277		
	cresigned or will withdraw resign is:	0/2018
	, hereby withdraw/resign as a	Ę
(Print Name of Person Resigning)		27
AMBR		
(Print Fitle)	·	<b>!</b>
of this limited liability company and affir	m the limited liability company has been no	otified of mg
resignation in writing.		¢.