## 1/8000174072

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
, , ,	
(Document Number)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified Copies Certificates of Status	
Serumed depice	
r	
Special Instructions to Filing Officer:	i
J DEMNIS	
JUL 2 1 2023	
<u> </u>	

Office Use Only



100408356791

05/17/23--01003--015 \*\*25.00

FILED STATE OF STATE

## **COVER LETTER**

_	stration Section sion of Corporations		
Divis	non or corporations		
SUBJECT:	ASKMA LLC		
	(Name of	Limited Liability Co	mpany)
The enclosed	d member, resignation or dis	sociation and fec(	s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
Maha Fathi Ab	ousoud		
	(Contact Person)		_
ASKMA LLC			
	(Firm/Company)		_
30042 Mossba	.nk Dr		
	(Address)		_
Wesley Chape	I, FL 33543		
	(City/State and Zip Code)		_
For further is	nformation concerning this r	matter, please call:	:
Maha Fathi Ab	ousoud	813 at (	6487959
(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclosed plo	ease find a check made paya g Fee		Department of State for:  ag Fee & Certified Copy
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 shassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i alla	massec, 1 L 52514		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)

1.	The name of the limited liability company as it appears on the records of the Florida Department of State is:  ASKMA LLC
2.	The Florida document/registration number assigned to this limited liability company is:  1.18000174072
3.	The date this member/manager withdrew/resigned or will withdraw/resign is: May 12, 2023
4.	I. Ahmad M Khatib  (Print Name of Person Resigning)  , hereby withdraw/resign as a
	AMBR
_	of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of/Dissociating Member or Resigning Manager

Filing Fcc: Certified Copy: \$25.00 (Required) \$30.00 (Optional) MAN 17 AH 8: 49