## L18000 180967

(Requestor's Name)				
(,,				
(Address)				
(Address)	<del></del>			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAII	L			
(Business Entity Name)				
(Document Number)				
(Cosamon Tambol)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## 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)

	limited liability company as		of the Florida Department	
2. The Florida doci	ument/registration number a	ssigned to this limited liab	ility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	sign is:	
4. I, Bielinski M. Santos  (Print Name of Person Resigning)		, hereby withdraw/resign as an		
Authorized Memb	oer and disassociate as member. (Print Title)			
	bility company and affirm th	he limited liability compan	ny has been notified of my	
	Zufanfosf-		29727	
Signature of Disso	cialing Member and Resigni	ng Manager		
	\$25.00 (Required) \$30.00 (Optional)			