0214715

(Requestor's Name)				
(Address)	000348680			
(Address)				
(City/State/Zip/Phone #)	RECEIV JUL 1 4 201			
(Business Entity Name)				
(Document Number)	67/22/30bjgjr: -			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	T' u			
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Office Use Only



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Resign.



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Letter Number: 320A00016708

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2020

MARIA STARK 19043 SW 60 CT PEMBROKE PINES, FL 33332

SUBJECT: QUIWIL, LLC Ref. Number: L18000214715

We have received your document for QUIWIL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: WiWIL LLC	
	(Name of Limited Liability Company)	
The e	nclosed member, resignation or dissociation and fee(s) are submitted for filing.	1
Pleaso	return all correspondence concerning this matter to:	
	MARIA STARK	1
	(Contact Person)	1
	Quiwil LLC (Firm/Company)	
	19043 SW 60CT (Address)	
7	embrule Pines FL 33332 (City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
	MARIA STARK at (954) 614-1533 (Name of Contact Person) (Area Code & Daytime Telephone Numb	er)
	sed please find a check made payable to the Florida Department of State for: 5 Filing Fee & Certified Copy	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Strallahassee, FL 32303	ite 810

CR2£079 (2/14)



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 o	on the record	ds of the Fiorida D)epartment
of State is:	QuiwilipLLC	-			·
2. The Florida docu	ument/registration number as	signed to th	nis limited li	ability company is	5:
L 18	000214715				
3. The date this me	mber/manager withdrew/res	igned or wil	H withdraw/	resign is: <u>09\0</u>	1/20
4. I, PAB	ame of Person Resigning)	hereb	oy withdraw	/resign as a	
	HGZ (Print Title)	:	" :	· · · · · · · · · · · · · · · · · · ·	, · · · ·
of this limited lia resignation in wr	bility company and affirm the iting.	e lánited lis	ability comp	pany has been noti	i fied of my
Signature of Di	ssociating Member or Resig	ning Manag	ger	ROZO SEP ELLAHAS	丁
	\$25.00 (Required) \$30.00 (Optional)			21 A D 33.	