## L18000223589

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APR 15 2020 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SUBJECT:				
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:				
RICHARD A. BOYKO, E.A.				
(Contact Person)				
WHITE DOVE BUSINESS & FINANCIAL SERVICES, INC				
(Firm/Company)				
11720 U.S. 19, SUITE 6				
(Address)				
PORT RICHEY, FL 34688	•			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
RICHARD A BOYKO at (	808-5427  Daytime Telephone Number)			
(Marie di Commerciali				
Enclosed please find a check made payable to the Florida I   \$55 Filing	Department of State for: g Fee & Certified Copy			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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 li	mited liability company as i	t appears on the record	s of the Florida Department
of State is:	QUARE, LLC		
2 The Florida docu:	ment/registration number ass	signed to this limited li	ability company is:
L18000223589	-		
	nber/manager withdrew/resi	gned or will withdraw/	resign is:
SUDESH JAS	SAL	, hereby withdraw	/resign as a
4. 1,(Print Na	SAL ame of Person Resigning)	<del></del>	
MEMBER	•		
(	Print Title)		19.1.5
of this limited liab resignation in wri	oility company and affirm th	e limited liability comp	pany has been notified of my
-	Sudu	<u>*</u>	<b>202</b>
Signature of Di	ssociating Member or Resig	ning Manager	2020 APR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PR-2 AM 7: 10