L18000 a 36593

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
<u></u>					
(Business Entity Name)					
(Document Number)					
(Boodineil Nambol)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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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 a				·
2. The Florida docu L18000236593	iment/registration number	assigned to this limited	d liability comp	oany is:	
	mber/manager withdrew/re			123/204 202	1
(Print N	LKER ame of Person Resigning)		Ü	2021 FIAY	
resignation in wr			mpany has bee	MAY 24 AM 10: 11	f`my*"
Signature of D	issociating Member or Res	signing Manager		DA -	
	\$25.00 (Required) \$30.00 (Optional)				

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