

## L18 000 256 617

(Requestor's Name)				
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SECRETARY OF STATE

## **COVER LETTER**

	Registration Section Division of Corporations	
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<b>SUBJE</b>	<del></del>	
	(Name of Li	mited Liability Company)
The enc	losed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	g this matter to:
Frank Pu	rpura	
<del></del>	(Contact Person)	<del></del>
Lucky Li	LC	
	(Firm/Company)	·
6048 San	d Pines Estates Blvd.	
	(Address)	<del></del>
Orlando.	FL 32819	
	(City/State and Zip Code)	<del></del>
For furt	her information concerning this ma	tter, please call:
Frank Pu	rpura	407 399 9721 at ( )
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	d please find a check made payable	to the Florida Department of State for:
	Filing Fee	☐ \$55 Filing Fee & Certified Copy
;	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
•	Tallahassee, FL 32314	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)

	limited liability company as		ds of the Florida Department
2. The Florida docu L18000256617	ument/registration number a	ssigned to this limited li	ability company is:
Com M. Dudolo	mber/manager withdrew/res		
Manager	(Print Title)		
of this limited lia resignation in wr		ne limited liability comp	rany has been notified of my  2024 DEC -3  TALLAHA
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	FILED  DEC -3 PM 4: 00  RETARY OF STATE  LLAHASSEE, FL