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COVER LETTER

(Name of Limited Liability Company)

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Registration Section

Division of Corporations

TO:

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
(Contact Person)
Cistour Wrap Design LLC. (Firm/Company)
1962 NE 151 S4F
North Migmi Beach 33162. (City/State and Zip Code)
For further information concerning this matter, please call:
<u>786 - 558 - 4848</u> at <u>786</u> <u>442 8520</u> (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy

Street Address:

Registration Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address:

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314



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 compa	ny as it appe	ars on the rec	cords of the	Florida I	Эераrtп	nent	
	u Ptour							
2. The Florida doc	ument/registration num	ber assigned	to this limite	d liability co	ompany i	is:		
3. The date this mo	ember/manager withdre	w/resigned o	r will withdra	eg// aw/resign is	4/20° Seda	22 VNGK	ch,	16.94
4.1, /6 4/f	Seck 1-NYUL Jame of Person Resigning)	<u>'h</u> . t	ereby withdr	-aw/resign a	s a	O		
MG								
of this limited lia resignation in wr	bility company and affi iting.	rm the limite	ed liability co	ompany has	been noti	ified of	my	
Signature of D	ssociating Member or I	Resigning M	anager					
Filing Fee: Certified Copy:	· · · · · · · · · · · · · · · · · · ·					/ N E . D .	2072 Sur	
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