K18000272958

(Requestor's Name)
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(Business Entity Name)
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(Document Number)
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JUL WILL

COVER LETTER

TO:	Registration Division of	Section Corporations			
SUB.	JECT:		EXPORT - IM		
		(Name o	of Limited Lia	bility Co	mpany)
The e	nclosed mem	ber, resignation or di	ssociation a	ind fee(s) are submitted for filing.
Pleas	e return all co	rrespondence concer	ming this m	atter to:	
		Joseph Tsalik			
		(Contact Person)			_
		(Firm/Company)			_
		1125 Cherrypalm Ln		1 -	
		(Address)			
		Hollywood, FL 33019			
		(City/State and Zip Code)			_
For fi	urther informa	ation concerning this	matter, plea	ise call:	
	Jose	eph Tsalik	at (646) 886-4542
	(Name of	Contact Person)	(A	rea Code	e & Daytime Telephone Number)
	osed please fin 25 Filing Fee	d a check made pay			Department of State for: g Fee & Certified Copy
	Mailing Addr				Street Address:
	Registration				Registration Section
	P.O. Box 6.	Corporations			Division of Corporations The Centre of Tallahassee
	Tallahassee				2415 N. Monroe Street, Suite 810
	i ananassee	, I & J&J T			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)

The Florida document/registration numb	er assigned to this limited liability company is:
L18000272958	·
The date this member/manager withdrev	w/resigned or will withdraw/resign is:5/31/2021
, Joseph Tsalik	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Managing Member	
(Print Title)	
f this limited liability company and affir	m the limited liability company has been notified of my
esignation in writing.	2
- Sand Tool	
By: Say Rain	Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)