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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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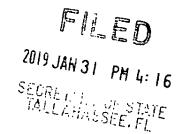
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations					
SUBJECT:	Lake Nova Silkscreening LLC					
Sobstic 1.	(Name of Limited Liability Company)					
The enclosed	I member, resignation or dissoc	iation and fee(s) are submitted for filing.			
Please return	all correspondence concerning	this matter to:				
Enrico Gen	ovese					
	(Contact Person)		_			
Lake Nona	Silkscreening LLC					
	(Firm/Company)					
8215 Narco	oossee Park drive suite 208					
	(Address)		_			
Orlando Flo	orida 32822					
	(City/State and Zip Code)		 -			
For further in	nformation concerning this matt	er, please call:				
Enrico Gen	ovese	407	6242323			
(N	lame of Contact Person)	_ `\	e & Daytime Telephone Number)			
Enclosed ple \$25 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy			
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

	limited liability company a Nona Silkscreening LLC	is it appears on the records of the l	Florida Department		
	ument/registration number a	assigned to this limited liability co	mpany is:		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	1/28/2019		
4. I. Print Name of Person Resigning)		, hereby withdraw/resign as	, hereby withdraw/resign as a		
Manager					
	(Print Title)				
of this limited lia resignation in wr		he limited liability company has b	een notified of my		
Signature of Di	issociating Member or Resi	gning Manager			
_	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				