LIQ000 045 448

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	Office Use Onl	



FILED MELANASSI FUT ONDER

Y SUILKER JAN 1 0 2020

COVER LETTER

TO: Registration Section Division of Corporations

Universal Rose LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Yuval Douer

(Contact Person)

Universal Rose LLC

(Firm/Company)

17501 Biscayne Blvd, Suite 410

(Address)

Aventura, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

 Yuval Douer
 at (______)

 (Name of Contact Person)
 Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\equiv \$25 Filing Fee Certified Copy
\$\equiv \$55 Filing Fee & Certified Copy
\$\equiv \$10 \equiv \$10 \eq

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

2. The Florida document/registration number assigned to this limited liability comparity is:

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

22

4.1, <u>Sonny Pezzente</u>, hereby withdraw/resign as a *(Print Name of Person Resigning)*

AMBR - Authorized Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (2/14)