## L 190000 48362

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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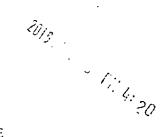
## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT:	CYNTHIA VERONICA LLC				
CODUCIO	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissocia	ition and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning t	his matter to:			
SHERRYL	DELISSER				
	(Contact Person)		_		
	(Firm/Company)		_		
7714 TAHI	TI LANE, SUITE 101		_		
	(Address)				
LAKE WOF	RTH, FLORIDA 33467				
	(City/State and Zip Code)		_		
For further information concerning this matter, please call:					
SHERRYL	DELISSER	561	281-0969		
(N	ame 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 \$\sum \\$55 Filing Fee & Certified Copy					
Registration Division of C 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 as	it appears on the records of the Florida Department
2. The Florida doci	•	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:06/30/2019
4. 1. TOKS OLADEJO  (Print Name of Person Resigning)		
VP	vame of verson kesigning)	
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	