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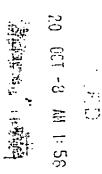
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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T. LEMEUX

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		ر منه د	
	tration Section ion of Corporations	•	
SUBJECT:	KORVIA 9153, LLC		
	(Name o	f Limited Liability C	ompany)
The enclosed	member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to):
BRADLEY VI	ALPANDO		
	(Contact Person)	 -	_
KORVIA 9153.	LLC		
	(Firm/Company)		
PO BOX 695			
	(Address)		_
РАСМ ВЕАСИ	, FLORIDA 3348		
	(City/State and Zip Code)		
For further in	formation concerning this r	natter, please call	:
BRADLEY VIA	LPANDO	561 at (629-3408
(Na	me of Contact Person)		e & Daytime Telephone Number)
Enclosed plea ■ \$25 Filing	se find a check made payat Fee		Department of State for: ng Fee & Certified Copy
Regist Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8

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)

	e limited liability company a	is it appears on the records of the Flori	da Department
2. The Florida doo	cument/registration number a	assigned to this limited liability compa	iny is:
4. I	RGE	signed or will withdraw/resign is: 10/0, hereby withdraw/resign as a	5/2020 ——————————————————————————————————
MANAGER	Name of Person Resigning) (Print Title)		銀光 100 - 8
resignation in w	ability company and affirm thriting.	he limited liability company has been	notified of my
	draw Korga issociating Member or Resig	gning Manager	~
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		