

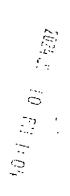
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J. HORNE JUL 18 2024		

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COVER LETTER

	ration Section on of Corporations		
SUBJECT:	Chickpeas USA LLC		
	(Name of Lim	ited Liability Cor	npany)
The enclosed	member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
c/o Jeremy Thak	turdin, Esq.		
	(Contact Person)		-
			_
	(Firm/Company)		-
9300 Conroy Ro	oad, #670		
	(Address)		-
Orlando, FL 347	786		
	(City/State and Zip Code)		_
For further in	formation concerning this matt	er, please call:	
Jeremy Thakurd	in, Esq.	407 _ at (285-4657
(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number)
•	se find a check made payable t		•
■ \$25 Filing	Fee	☐ \$55 Filing	g Fee & Certified Copy
Mailine	Addrose:		Street Address:

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



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 as it appears on the records of the Florida Department speas USA LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
MILETS MATIDI	
Authorized Memi	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. (issociating Member or Resigning Manager
Signature of S	issociating (vicinite) of resigning (viainage)
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)