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COVER LETTER

TO: Registration Section Division of Corporations	
F & S UNLIMITED LLC SUBJECT:	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Brad Avakian	
(Contact Person)	
Ciklin Lubitz	
(Firm/Company)	
515 N. Flagler Dr., 20th Floor	
(Address)	
West Palm Beach, FL 33401	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Brad Avakian	561 339 8832 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t ☐ \$25 Filing Fee	to the Florida Department of State for: \$\infty\$ \$\infty\$ \$55 Filing Fee & Certified Copy
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



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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)

	imited liability company as it	• •	of the Florida Department
2. The Florida document	ment/registration number assi	gned to this limited lia	bility company is:
4. I,	nber/manager withdrew/resig ANK X. POPFINGER ome of Person Resigning) MEMBER	ned or will withdraw/re, hereby withdraw/r	esign is: $\frac{5/18/20}{}$ esign as a
of this limited liab resignation in writ	ility company and affirm the ting.	Up.	ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		