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(Reque	estor's Name)				
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PICK-UP	WAIT	MAIL			
(Busin	ess Entity Name	<u> </u>			
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Special Instructions to Fili	ng Officer:				
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TO: * Registration Section Division of Corporations

SUBJECT: SK PRINT AND PROMO	LLC	
	Limited Liability C	ompany)
The enclosed member, resignation or diss	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	o:
KIRSTY BARLOW		
(Contact Person)		
SK PRINT AND PROMO LLC		
(Firm/Company)		<u> </u>
14777 BALTUSROL DR		
(Address)		_
ORLANDO FL 32828		
(City/State and Zip Code)		<u> </u>
For further information concerning this m	atter, please cal	l:
KIRSTY BARLOW	407 at (7642952
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

	PRINT AND PROMO LLC	it appears on the records of the Florida Departme	nt _·
2. The Florida doc L1900011369	-	ssigned to this limited liability company is:	~
SIMON ASD	EDV	igned or will withdraw/resign is:	
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a The Third Property of the P	Ĭ.
resignation in wi	The state of the s	ne limited liability company has been notified of m	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		