L19000142362

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	GRAPHENLUBE SOLUTIONS	S LLC		
SOBJECT.	(Name of Limite	d Liability Comp	pany)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to:		
EMANUEL	LE OLIVEIRA			
	(Contact Person)			
CSG CAPI	TAL SERVICES GROUP INC	_		
	(Firm/Company)			
1191 E NE	WPORT CENTER DR SUITE	103		
	(Address)			
DEERFIEL	D BEACH, FL 33442			
	(City/State and Zip Code)			
For further	information concerning this matter	, please call:		
EMMA		at (954.427.4770	
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: Filing 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 ERG FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	amount on the records of the Floridat Prantitions
1. The name of the limited liability company as it a	4.74
of State is: GRAPHENLUBE SOLUTIONS LL	<u>_C</u> .
2. The Florida document/registration number assig	ned to this limited liability company is:
L19000142362	
3. The date this member/manager withdrew/resign	ed or will withdraw/resign is:
	ed of with withdrawn congnition
DALMO GRIPP DE SANTANA	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
AMBR	
(Print Title)	
of this limited liability company and affirm the li resignation in writing.	imited liability company has been notified of my
· Valmo luip de Suite	tier
Signature of Dissociating Member or Resigning	ng Manager