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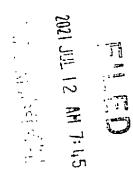
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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JUL 24 2021 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Cole 6 2at on Party 6 acts (CC) (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
- JOSE FORMANDO RAZOSO PODZO
(Firm Company)
3316 Mazlos Ave
Miomi 33137 FL (City State and Zip Code)
For further information concerning this matter, please call:
Tornaudol Pedo at (305) 8900990 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Celebration Party Goods LLC
2. The Florida document/registration number assigned to this limited liability company is:
<u>19000143193</u>
3. The date this member manager withdrew resigned or will withdraw resign is: $7-5-2021$
4. I. Jose temando Raposo Rodo hereby withdraw resign as a Print Name of Person Resigning
AMBR or any other position inthis company
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)