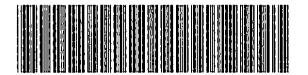
L19000160565

(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO: Registration Section **Division of Corporations** LIGHTPATH TRADING, LLC SUBJECT: (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: TIMOTHY LIVIAN (Contact Person) (Firm/Company) 3850 WASHINGTON STREET, APT. 702 (Address) HOLLYWOOD, FL 33021 (City/State and Zip Code) For further information concerning this matter, please call: TIMOTHY LIVIAN 707-5561 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 a		ls of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited lia	ability company is:
L19000160565			
3. The date this m	ember/manager withdrew/re	signed or will withdraw/t	resign is:
4. I. (Print Name of Person Resigning)		, hereby withdraw/	resign as a
(Print)	Name of Person Resigning)	 ' •	Q
MANAGING M	EMBER		
	(Print Title)		
of this limited lia resignation in w	ability company and affirm triting.	he limited liability compa	any has been notified of my
Jun	X Z		2029 OCT 26
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		F 3
_	\$30.00 (Optional)		ω 🕽