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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number: I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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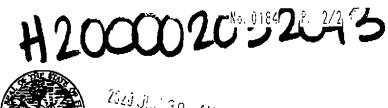
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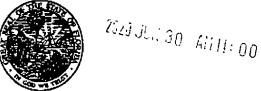
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	imited liability compan	y as it appears on the records of the Florida Department
2. The Florida docum	ment/registration numb	er assigned to this limited liability company is:
L19000166046		
3. The date this men	mber/manager withdrew	//resigned or will withdraw/resign is: 04/15/2020
(Print No	ame of Person Resigning)	, hereby withdraw/resign as a
Маладет		
(Print Title)	_
of this limited liab resignation in wri		m the limited liability company has been notified of my
Then go		
Signature of Di	ssociating Member or F	Resigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	