L19000175876

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
————————(Bu	siness Entity Nan	ne)
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	cument Number)	
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer	
Special instructions to	rilling Officer.	
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Office Use Only



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COVER LETTER

as the

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section Division of Corporations	
SUBJECT: 12 Discourage Character (Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	_
(FuncCompany)	
10.215 00 0000000 000 000 000 000 000 000 00	 ~
(City/State and Zip Code)	_
For further information concerning this matter, please call:	705 3385
For further information concerning this matter, please call: 941 (Name of Contact Person) at $(\frac{C_{V+V}}{Area Code})$	2 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$\square\$ \$855 Filin	Department of State for: g 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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2029 DEC 21

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: AND Division Character LIC.
2. The Florida document/registration number assigned to this limited liability company is:
L19000175876
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/15/2020
4. 1. Contraction of Person Resigning) , hereby withdraw/resign as a
Print Title)
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)
THE ICIE LUTTICATE FLAMSHOWNED BY DIE
registered to Sona L. Washim will not be
THE ICIR -unicane FLAMSHowned by and registered to School Washum will not be used in any after attent to business use of creation to business use of
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