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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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LC member
Resign

16/04/20

16/04/20

16/04/20

16/04/20

16/04/20

COVER LETTER

то:	TO: Registration Section Division of Corporations			
	JECT: M. I. K BCC HC+ Liability			
The e	nclosed member, resignation or dissociation and	fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning this matter	r to:		
_Vx	Contact Person)			
	(Firm/Company)			
Œ	Camalot Drive			
For	+ Prece Fi 349410 (City/State and Zip Code)			
For fu	orther information concerning this matter, please of	call:		
per) 300 - 150 Code & Daytime Telephone Number)		
	sed please find a check made payable to the Flori 5 Filing Fee	da Department of State for: Tiling Fee & Certified Copy		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

1. The name of the	limited liability company as	it appears on the records	s of the Florida Department
of State is: 📐.	L. K POTT HUT L	<u>(C</u>	
2. The Florida docu	ment/registration number as	ssigned to this limited lia	ibility company is:
L140003	09435		
3. The date this men	mber/manager withdrew/res	igned or will withdraw/r	esign is: <u>03 04 202</u> 0
4. I. <u>VYNOO WY</u> (Print No	MILLIO 765 ume of Person Resigning)	hereby withdraw/t	resign as a
MGR	Print Title)		
resignation in wri	m 1) el (<u>lanis</u>	my has been notified of my
-	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	TOTO HAY 12 P