119000218182

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
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TALL AHASSES TATE

JQ 10/09/20

COVER LETTER

TO: Registration Section Division of Corporations	
SYED INVESTMENTS LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Adnan Muhammad	
(Contact Person)	
SYED INVESTMENTS LLC	
(Firm/Company)	
9819 Sorbonne Loop	
(Address)	
Seffner, FL 33584	
(City/State and Zip Code)	
For further information concerning this matter.	please call:
Adnan Muhammad	813 503-5280 ut ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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)

21.0	e limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc L19000218182		assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:, hereby withdraw/resign as a
Authorized Mer	nber (AMBR) (Print Title)	
of this limited lia resignation in wi		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	