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(City/State/Zip/Phone #)
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COVER LETTER

_	ion of Corporations						
SUBJECT:	1901 33RD AVE LLC						
SODOLCI.	(Name of Limited Liability Company)						
The enclosed	l member, resignation or disso	ciation and fee(s	s) are submitted for filing.				
Please return	all correspondence concerning	g this matter to:					
Miche'le Coke	r						
	(Contact Person)		_				
Viracity Corpo	ration						
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-				
848 North Rain	nbow Boulevard						
	(Address)		_				
Las Vegas, NV	89107						
	(City/State and Zip Code)		_				
For further in	nformation concerning this ma	tter, please call:					
Barry G. Segal		772 at (567-5552	153 - 76,5			
(N	ame of Contact Person)		& Daytime Telephone Number)				
Enclosed ple	ase find a check made payable	to the Florida I	Department of State for:				
■ \$25 Filing	g Fee	🗆 \$55 Filing	g Fee & Certified Copy				
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303				

CR2E079 (2/14)



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	s it appears	on the re	cords of th	e Florida De	partme	nt
of State is:	1901	D78E	Ana	الر	_ر			
2. The Florida doct	ument/registratio	on number a	ssigned to t	his limit	ed liability	company is:		
3. The date this me Phyllis Alfieri			-		•		8, 2020	-
4. I. (Print A Authorized Memi		igning)	; ,,,,,,,					
of this limited lia resignation in wr		and affirm th	ne limited li	ability c	ompany has	s been notific	-5 eq of u	iy
Signature of Di Filing Fee: Certified Copy:	\$25.00 (Req \$30.00 (Opt	uired)	gning Manag	ger	-		ယ က	STATE .