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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: First-Step 32808 LL C (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Mohamed Ben Farrark (Contact Person)
FUST-STEP 32808LLC (Pirm/Company)
121 Olympus Drive (Address)
OCORE FL 34761 (City/State and Zip Code)
For further information concerning this matter, please call:
Hohamed Ben Zanruk at (321) 663 6576  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\s
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314



## 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)

_	limited liability company a	• •	of the Florida Department
•	ment/registration number a	_	oility company is:
3. The date this mer	nber/manager withdrew/res	signed or will withdraw/re	sign is:
4. I. Hoham	ed Ben Zarnou	K, hereby withdraw/re	esign as a
MGR	Print Title)		2023 5 %
of this limited liab resignation in writ	Prim Title) illity company and affirm thing.	he limited liability compar	
Signathre of Dis	sociating Member or Resig	gning Manager	MMID: 30
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		