419 000 260 402

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000393954050

09/16/22--01015--029 **25.00

2027 SFP 16 PH 4: 01

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mimic Global LLC (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:				
Stephen A. de Kanter (Contact Person)	_			
(Firm/Company)	2022			
8222 Dominica Place (Address)	2022 \$F;2 6			
(Address)				
Wellington FL 33414 (City/State and Zip Code)	- Pii 4: 04			
For further information concerning this matter, please call:				
Stephen Ole Kanter at (305 (Name of Contact Person) (Area Code	2) 753-8238 e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I \$\fomatimes \$\sum_{\text{\$\$\text{\$\text{\$\text{\$\exiting{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\tex{\$\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\te	Department of State for: g 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	e records of the Florida Department
of State is:	Limic Global LLC	
2. The Florida docu	ment/registration number assigned to this lir	nited liability company is:
L19000	260402	
3. The date this me	mber/manager withdrew/resigned or will wit	hdraw/resign is: <u>9/9/2022</u>
4. I, Stephen	ame of Person Resigning), hereby wi	thdraw/resign as a
Mem	Print Title)	
	oility company and affirm the limited liability	y company has been notified of my
resignation in wr	lung.	202
	ester de Kat	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Signature of Di	ssociating Member or Resigning Manager	16
		P 1
Filing Fee:	\$25.00 (Required)	ج ح
Certified Copy:	\$30.00 (Optional)	. 0