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(Re	questor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name	)			
	cument Number)				
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
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## **COVER LETTER**

TO:

CR2E079 (2/14)

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>SEVO Enterprises</u> (Name of Limited Liab	S LLC lity Company)
The en	closed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to:
Chr	ristopher Devonish (Contact Person)	
DE	VO Enterprises LLC (FirmCompany)	
744	18 Plantation Bay So. E	<del></del>
JA	CKsonville, Fl. 32244  (City/Brate and Zip Code)	<del></del>
For fur	ther information concerning this matter, pleas	e call:
Chi	(Name of Contact Person)  (Are	04 4/5-0/02 a Code & Daytime Telephone Number)
	ed please find a check made payable to the Fl Filing Fee	orida Department of State for: Filing 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)

	limited liability company as it appears on the VO Enterprises La		e Florida I	Depart	ment
	ument/registration number assigned to this li	mited liability o	company	is:	
4.1, Christop (Print )	her Michael Devolvish, hereby warmen of Person Resigning)  [Xecutive Officer (Print Title)  bility company and affirm the limited liabiliting.	ithdraw/resign a	as a	3/2	<u>82</u> 0 f my
Mus Mo Signature of Di	ssociating Member or Resigning Manager		• .	2021 JAN -8	
	\$25.00 (Required) \$30.00 (Optional)			61:4 Hd	ه ام د ۱۶ - ۱۰ میرو ۱۰