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JAN 24 2020 S. YOUNG

## **COVER LETTER**

Division of Corporations		
SUBJECT: CHL MANAGEMAN SUVICES (LC (Name of Limited Liability Company)		
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Heve Yn Vance. (Contact Person)	·	
(Firm/Company)		
1500 SAMe (ille Ste. 19	N-503_	
(Address)  MERACIANU VII 2 336  (City/State and Zip Code)	20	
For further information concerning this mat	ter, please call:	
Were VIN VANCE (Name of Contact Person)	at (125) 344-1529 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$\square\$ \$\\$55 \text{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)

1. The name of the limited liability company as it appears on the records of the I of State is:	Florida Department
2. The Florida document/registration number assigned to this limited liability co	<i>t</i> 1
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. 1. \( \begin{align*} \lambda	
of this limited liability company and affirm the limited liability company has be resignation in writing.	peen notified of my
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)	The Cartie of th