## 119000 289 846

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2020 JUN -3 PM 6: 34

CM 6/23/20

## **COVER LETTER**

ompany)
e(s) are submitted for filing.
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1:
400-0608
de & Daytime Telephone Number)
Department of State for: ng Fee & Certified Copy
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Street Address:
Street Address: Registration Section Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FILED 2020 JUH -3 PM 6: 38 TALEAHASSEE, FLUI

## 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)

		went
Z.X.1	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc	ument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
Frank Malickso	n	
(Print )	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wi	bility company and affirm the lating.	imited liability company has been notified of my
	u Mu	
Signature of D	issociating Member or Resignii	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

\$30.00 (Optional)