L19000291373

(Red	questor's Name)			
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phor	ne #)			
PICK-UP	MAIT	MAIL			
(Bus	siness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to F	Filing Officer:				





200413813912

08/14/23-+01011--013 **25.00

2023 AUG 14 PM 1:5

COVER LETTER

	;					
TO: Registration Section Division of Corporations						
SUBJECT: CSOLLIO Wire 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:						
Eric Fith	_					
(Contact Person) (Firm/Company)	-) L LC					
H780 NE 1HA AM Ochland Park +1	- 33334					
(City/State and Zip Code)	_					
For further information concerning this matter, please call:						
(Name of Contact Person) at () (Area Code	& Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigcup \$55 Filing Fee & Certified Copy						
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the of State is:	limited liability company	y as it appears on the re	cords of the Fl	orida Dep	partment
	ument/registration numbe	•	ed liability com	pany is:	1 1
3. The date this me	mber/manager withdrew/	resigned or will withdr	aw/resign is: _	80	10123
4. 1, \(\sum_{\text{(Print N)}}\)	ame of Person Resigning)	hereby withd	raw/resign as a	i	1
Mar	(Print Title)				
of this limited lial resignation in wri	bility company and affirm iting.	n the limited liability co	ompany has be	en notifie	d of my
(n) LA			_		
Signature of Di	ssociating Member or Re	esigning Manager	- :	7 <u>202</u>	
Filing Fee:	\$25.00 (Required)		i	2023 AUG 14 TALLAHÁSSE	
Certified Copy:	\$30.00 (Optional)			SSEE FLOR	,
				为` <u> </u>	n