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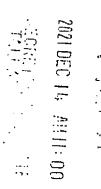
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COVER LETTER . . .

TO: Registration Section Division of Corporations	
SUBJECT: Super Roug Ent (Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	
(Firm/Company)	
5955 Sw 165 nd /4	7 1 TH
Wimi Fl 33193 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Elvis Salvador at (305 (Name of Contact Person) (Area Code) 20 1 ⁻ - 87-76 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy
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)

2. The Florida docu L20000001473	iment/registration number as	ssigned to this limited liability comp	pany is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	2-07-2021	
1 3 1/212 F 120 111213	N. J. N. 11 N. 1277 / 21 10 A 127 N. 11277	, hereby withdraw/resign as a		
	(Print Title)			
resignation in wr		ne limited liability company has bee		my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2021 DEC 114 JULI	