120000007398

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.1,
(Document Number)
Certified Copies Certificates of Status
Consideration to Citics Officer
Special Instructions to Filing Officer:
Q. SILAS
JAN 12 2022
TAM 1 C SOLC

Office Use Only



800378804598

2021JAN'-3 PM 1:40

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NU YOU COUTULE (Name of Limit	LLC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Lashawn Campbell (Contact Person)	
Nu you Coutive UC (Firm/Company)	
9710 NW 38rd MANOR (Address)	
Sincise, R 33351 (City/State and Zip Code)	·
For further information concerning this matter	, please call:
Lasham Compadl (Name of Contact Person)	at (954) 858 - 8517 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
✓ \$25 Filing Fee	☐ \$55 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



20212JAN -3 PH 1:40
SECRETYRY OF STATE
TALL GOVERNMENT OF STATE

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 li	mited liability company as it appears on the records of the Florida Department
of State is: <u>N</u>	You Coutule LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L2000000	27348
3. The date this men	ber/manager withdrew/resigned or will withdraw/resign is: 1011204
4. I. PANELA P	he of Person Resigning), hereby withdraw/resign as a
authorized	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Ponele All	
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Ontional)