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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074 Phone : (321)710-2030 Fax Number : (407)650-3216

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAVET ENTERPRISE LLC.

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M. SOLOMON

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COVER LETTER

TO: Registration Section Division of Corporations	
JAVET ENTERPRISE LLC	
(Name of Limited Lia	ibility Company)
The enclosed member, resignation or dissociation :	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
JOHN H MONTENEGRO	
(Contact Person)	
JAVET ENTERPRISE LLC	
(Finn/Company)	 ,
12157 ALDER BRANCH LOOP	
(Address)	
ORLANDO, FL 32824	5 7 7
(City/State and Zip Code)	 [13 [3n
For further information concerning this matter, ple	ase call:
JOHN H MONTENEGRO 4	107 492-3303
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l ■ \$25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
ranalid8800, FL 52544	Tallahassee, FL 32303



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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)

	ne limited liability company a	as it appears on the records of the Florid	da Department	
2. The Florida do	eument/registration number	assigned to this limited liability compa	ny is:	
3. The date this n	nember/manager withdrew/re	esigned or will withdraw/resign is:	13/2021	
4. I, <u>HUERTAS, M</u>	IIIAGROS	, hereby withdraw/resign as a		
(Print	Name of Person Resigning)			
AUTHORIZED	MEMBER			
	(Print Title)		20	
of this limited li resignation in v	iability company and affirm vriting.	the limited liability company has been i	notified of n	
Maga	O North			;
Signature of I	Dissociating Member or Res	igning Manager	PH 2: 33	
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)