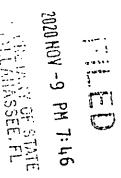
LZO 0000 27518

(Requestor's Name)						
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dunings Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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COVER LETTER

TO:	~	stration Section				
	Divis	sion of Corporations				
SUBJ	ECT:	: MATISSE & COMPANY LLC (Name of Limited Liability Company)				
The er	nclosed	l member, resignation or diss	sociation and feet	(s) are submitted for filing.		
Please	return	all correspondence concerni	ing this matter to	:		
Jalal Z	abihi					
		(Contact Person)				
	_	(Firm/Company)				
2603 S	ummer	Tree Rd E				
_		(Address)		<u>-</u>		
Jackson	nville, F	L 32246				
	_	(City/State and Zip Code)		_		
For fu	rther ii	nformation concerning this m	atter, please call	:		
Jaial Za	abihi		904 at (2535274		
	(N	ame of Contact Person)		e & Daytime Telephone Number)		
Enclos	sed ple	ase find a check made payab	le to the Florida	Department of State for:		
\$2 :	5 Filing	g Fee	🗆 \$55 Filin	ng Fee & Certified Copy		
	Mailir	nv Address:		Street Address:		
	Mailing Address: Registration Section			Registration Section		
	Divis	ion of Corporations		Division of Corporations		
		Box 6327		The Centre of Tallahassee		
	Talla	hassee, FL 32314		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)

	limited liability company as	s it appears on the records	of the Florida Department		
of State is:	ISSE & COMPANY LLC				
2. The Florida doct L20000027518	ument/registration number a	ssigned to this limited liab	oility company is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	sign is:		
4. I, Frank Adib			_, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)				
AMBR					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm thing.	ne limited liability compan	y has been notified of my		
	ssociating Member or Resig		PN 7: 46		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		다. 19 1 1		