

L200000 28898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

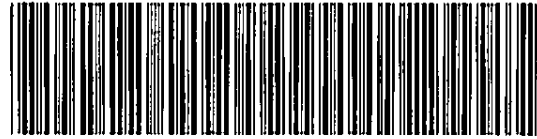
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200349318892

08/03/20--01025--019 **55.00

FILED
2020 AUG -3 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/25/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.E. Cupidon Modeling LLC
(Name 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:

Kayla Ermon
(Contact Person)

C.E. Cupidon Modeling LLC
(Firm/Company)

17501 NW 11th Ave
(Address)

Miami FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Kayla Ermon at (954) 847-0400
(Name of Contact Person) (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



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 limited liability company as it appears on the records of the Florida Department of State is: C. E. Cupidon Modeling LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000028898

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07-20-2020

4. I, Shawn VanWheren, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Person
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)