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(Requestor's Name) (Address)	100353164611	
(City/State/Zip/Phone #)	RECEIVED OCT 0 5 2020	
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENIT NOV 1 : ::::	7023 0CT -S AM 9: 00
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COVER LETTER

TO: Registration Section Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

icheline 1 brtelus Firm Company S.W. 20 Street 330.07 liramar FL-OFida (City/State and Zip Code)

For further information concerning this matter, please call:

Micheline Nortelus at (305) 318-1084 (Name of Contact Person) (Area Code & Daytime Telephone Number)

<u>Mailing Address:</u> 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

CR2E079 (2/14)



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

ł of State is: _____ ICUMINA

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

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

4. I, Mirlande Dominicul, hereby withdraw/resign as a

rint Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.Certified Copy:\$30.

\$25.00 (Required) \$30.00 (Optional)

