1200000 34275

(Requestor's Name)
(Address)
(Address)
, , ,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(22220)
(Dogwood Nivebox)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoid: moradinals to 1 ming officer.

Office Use Only

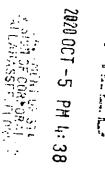


000352855350

RECEIVED

OCT 0 5 2020

10/06/20--01004--030 **25.00



NOV 13 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deaco Logo (Name of L	ク 人人 C Limited Liability Company)
	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Adik Lope 2	
(Firm/Company)	
710 NW 1114hp	
MiaMi, FL 33172 (City/State and Zip Code)	2
For further information concerning this ma	atter, please call:
Aidi L Lope 2. (Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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)

	mited liability company	y as it appears on the record	ls of the Florida	Department
1 200000	34278.	er assigned to this limited lic		
4.1. Keisla	nber/manager withdrew/ PriCHO ne of Person Resigning)	/resigned or will withdraw/r		<u> 28 2</u> 020.
	• •	 m the limited liability compa	any has been no	otified of my
Keirle	Sociating Member or Re		7.1.7.1.7.1.7.1.7.1.7.1.7.1.7.1.7.1.7.1	2920 OCT -
Filing Fee: Certified Copy:	· · · · · · · · · · · · · · · · · · ·		SSECTOR	-5 PH 4: