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(Requestor's Name)					
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COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJ	ECT:	So LEIL (Name of Limite	INSUMNIC ed Liability Company)	GRASI	LL C
The er	nclosed member, resign		ion and fee(s) are subm		
Please	return all corresponde	nce concerning th	is matter to:		
	DE REM/AS	Person)	(LER		
	<u>50 LE</u> (Firm/Co	ompany)	VKINE V ISLAM R		
	4972 (Addr	N PIN	V ISLAM R	D	
	SVN US (City/State a	nd Zip Code)	3335/		
For fu	rther information conc	erning this matter.	, please call:		
	(Name of Contact Po	OVKUTA :	nt (<u>754</u>) <u>45</u> (Area Code & Daytime	7 - 19 Telephone Nun	15 <u>2</u> 11ber)
Enclos	sed please find a check Filing Fee		the Florida Department □ \$55 Filing Fee & Ce		
	Mailing Address: Registration Section Division of Corporati P.O. Box 6327	ons	Division of	ress: on Section of Corporations te of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 a	as it appears on the reco	ords of the Flo	rida Department
of State is:	30 LE IL	IN SURAME	GRAP	LLL
	ment/registration number a		liability comp	
3. The date this mer	mber/manager withdrew/re	signed or will withdray	v/resign is:	6/1/21
	P. PERIRO me of Person Resigning)			
Mp	NAGER			
of this limited liab resignation in writ	ility company and affirm t ling.	he limited liability com	npany has beer	1 notified of my
Signature of Dis	sociating Member or Resi	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)		į.	
CR2E079 (2/14)				The state of the s