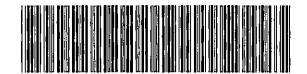
L20000053553

uestor's Name)		
ess)		
ess)		
State/Zip/Phone	e #)	
WAIT	MAIL	
ness Entity Nar	me)	
ıment Number)	······································	
Certificates	s of Status	
Special Instructions to Filing Officer:		
	ess) State/Zip/Phone WAIT mess Entity Narr ument Number)	





800353334858

16/13/20--01090--001 **25.00

O SIMMONS NOV 1 7 2020

COVER LETTER

-	gistration Section ision of Corporations	
SUBJECT	: Rame of Lin	L Wary, LL C
The enclose	ed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning	this matter to:
	Rockny Muv (Contact Person)	
	(Firm/Company)	
8814	w flaglev St	Apt 213
Migi	wi FL 33174 (City/State and Zip Code)	
For further	information concerning this mat	ter, please call:
	Name of Contact Person)	at (<u>386</u>) <u>521 - 366 5</u> (Area Code & Daytime Telephone Number)
Enclosed pl IZ \$25 Filir	lease find a check made payable ng Fee	to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
Reg Div	ling Address: istration Section ision of Corporations . Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



E 7 17 5: 25

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:
2. The Florida document/registration number assigned to this limited liability company is:
L20000053553
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{9}{23}$
4. I. Lodny Muy Fluitos., hereby withdraw/resign as a (Print Name of Person Resigning) (Print 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: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)