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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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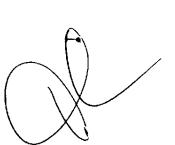




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2022 SEP 16 PH 4: 02



COVER LETTER

Division of Corporations	
SUBJECT: Himic DNALLC (Name of Limited Liab	bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Stephen de Kanter (Contact Person)	
(Firm/Company)	2022
8222 Donivica Mace (Address)	9922 SEP 16
Wellington, FL 37414 (City/State and Zip Coole)	••
For further information concerning this matter, plea	se call:
Stephen de Kanter at (2) (Name of Contact Person) (Ar	805) 753 - 8238 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ☐ \$25 Filing Fee	lorida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. 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



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 rec	ords of the Florida Department
of State is:	limic DNA LLC	·
2. The Florida doc	ument/registration number assigned to this limited	d liability company is:
<u> </u>	00065821	
	ember/manager withdrew/resigned or will withdra	
4. I. Steph	en A, ole Kanter, hereby withdra	aw/resign as a
Men	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability coriting.	mpany has been notified of my
She	she de fact	
Signature of D	ssociating Member or Resigning Manager	
	•	2027 SEP
Filing Fee:	\$25.00 (Required)	(m
_	\$30.00 (Optional)	— — □