

(Re	questor's Name)	
(Ad	dress)	. .
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
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C. GOLDEN APR 2 1 2020

COVER LETTER

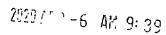
TO: Registration Section Division of Corporations	
SUBJECT: COPPENTINE PAINT	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Viktoria Unaika (Contact Person)	 _
(Firm/Company)	
1020 TOWIE CIPCLE	
Pensacoly FL 32514 (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Arca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:] \$55 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

CR2E079 (2/14)

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)

_	limited liability company as it appears on the records of the Florida Departmen
2. The Florida docu	() iment/registration number assigned to this limited liability company is:
L200000	10551
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 04/01/2020
4. I, Viktopi	hereby withdraw/resign as a many of Person Resigning)
MGR	
•	Print Title)
of this limited liab	oility company and affirm the limited liability company has been notified of my
resignation in wri	ting.
Viktori	a Undike
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)