## L20000107655

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## **COVER LETTER**

One Light Enterprises, LLC	
SUBJECT:	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
One Light Enterprises-Leyla Ramos	
(Contact Person)	
c/o Law Office of Denise Gomez	
(Firm/Company)	
782 NW 42nd Avenue, Ste. 637  (Address)  (Address)	### ### ####
(Address)	요한 1925년
Miami, FL 33126  (City/State and Zip Code)  City/State and Zip Code)	200E
(City/State and Zip Code)	
For further information concerning this matter, please call:	<u> </u>
Leyla Ramos 786 209-5222 at ()	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:	
■ \$25 Filing Fee	
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 The Centre of Tallahassee  2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



## 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)

	, ,	as it appears on the records of the Florida I	Department
2. The Florida do	ocument/registration number	assigned to this limited liability company i	s:
Chauman Edm	1:	esigned or will withdraw/resign is:	er 30, 2020
(Prin	t Name of Person Resigning)	, hereby withdraw/resign as a	13 PH
of this limited resignation in		the limited liability company has been not	57A 08A 5: L
Signature of	Dissociating Member or Res	signing Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30,00 (Optional)