L20000122316

(Requestor's Name)					
(Address)					
, ,					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
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11/2/20 VS

COVER LETTER

TO:	_	ion Section of Corporations			
SUBJ	ECT:	LASTLO'S	MMG	LL	
		(1	Name of Limite	ed Liability Cor	npany)
The er	nclosed me	mber, resignation	or dissociat	ion and fec(s	s) are submitted for filing.
Please	return all	correspondence c	oncerning th	is matter to:	
K-K	zisznia~	<u>と会またら</u> (Contact Persor		•	_
		(Contact Persor	1)		
	Asquas	MM 6- (Firm/Company			_
		(Firm/Company	[;])		
_ 3‹	015 E	OVE WOOP (Address)	TERRAC	€	_
	SAKUSO	(City/State and Zip	2-3 [Code)		-
For fu	rther infor	mation concerning	g this matter	, please call:	
<u>ke</u>	ISETIAN	Kecke)	:	at (<u>94/</u>) <u> </u>
	(Name	of Contact Person))	(Area Code	& Daytime Telephone Number)
Enclos	sed please	find a check made	e payable to	the Florida I	Department of State for:
					g Fee & Certified Copy
	Mailing Ac				Street Address:
		ion Section			Registration Section
		of Corporations			Division of Corporations
	P.O. Box	ec, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rananass	CC, FL 32314			Tallahassee, FL 32303

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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 Depart						
of State is:	ASTLO'S MMG LLC		·			
2. The Florida doc	ument/registration number a	assigned to this limited li	ability company is:			
L2000	2 122316					
3. The date this me	ember/manager withdrew/re	signed or will withdraw/	resign is: 9.22.20			
4. I. ICRISETIAN	KELSKES	, hereby withdraw	resign as a			
(Print N	LECSLES Jame of Person Resigning)					
MGR						
	 (Print Title)					
of this limited lia resignation in wr	bility company and affirm titing.	he limited liability comp	any has been notified of my			
15	5		QD			
Signature of D	issociating Member or Resig	gning Manager				
			FILI			
Filing Fee:	\$25.00 (Required)		FILEI SEP 25 F			
	\$30.00 (Optional)		25 E			
			STALL CORIT			
			음음 두			