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## **COVER LETTER**

Division of Corporations	
SUBJECT: HAUS OF HORUS LLC	
(Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
LATANIA M. RUISE	
(Contact Person)	<del></del> -
RUISE & ASSOCIATES, PA	
(Firm/Company)	<del></del>
PO BOX 695030	
(Address)	<del></del>
MIAMI, FL 33269	
(City/State and Zip Code)	
For further information concerning this matter, please of	cali:
LATANIA M. RUISE 786	393-7750
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	da Department of State for:
= 323 Filling Fee ☐ \$55 Fi	iling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations 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)

	E limited liability company as	s it appears on the records of the Florid	a Departi	ment
2. The Florida doc L20000148850	ument/registration number a	ssigned to this limited liability compan	y is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 08/10/	2022	
SAMANTHAS	DATAGE	, hereby withdraw/resign as a		
MGRM	une of t erson resigning)			
	(Print Title)			
Saman h	al falmer	e limited liability company has been no	otified of	my
Signature of Di	ssociating Member or Resign	ning Manager		2022
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			2 AUG 18 AM 8: