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(Re	equestor's Name)	
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TO:	Registration Section Division of Corporations	i	
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SUBJ	ECT: (Name o		
77k			
rne er	nclosed member, resignation or dis	ssociation and fee(s	s) are submitted for ming.
Please	return all correspondence concern	ning this matter to:	
MARIS	SSA GOLDBERG		
	(Contact Person)		_
	(Firm/Company)	-	_
902 Th	MBERLANE CIRCLE #9B		
	(Address)		- .
GREEN	NACRES, FL 33463		
	(City/State and Zip Code)		_
For fu	rther information concerning this	matter, please call:	
MARIS	SSA GOLDBERG	954 at (232-0755
	(Name of Contact Person)		& Daytime Telephone Number)
Enclos	sed please find a check made paya	ble to the Florida E	Department of State for:
□ \$25	5 Filing Fee	≡ \$55 Filing	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81
	rananassee. rl 52514		- 24 ID IN. MOHIOC SUCCE, SUICE & I

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)

	limited liability company as it appears on the records of the Florida Department PLANET HUJITSU WEST PALM BEACH, LLC
2. The Florida docu 1,20000192220	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
MADICCA COLI	
MANAGER	
	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
1)/(Colelia
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)