(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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COVER LETTER

	egistration Section Division of Corporations	
SUBJEC	CT: CYSCOS, LLC	
		Liability Company)
The encl	osed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this	matter to:
ROBERT	O SALAS FRANCISCO	
	(Contact Person)	
CYSCOS	LLC (Firm/Company)	
	(, Confinity)	
77 N HIC	(Address)	
FELLSM	ERE FL 32948 (City/State and Zip Code)	
For furth	er information concerning this matter, p	olease call:
ROBERT	O SALAS FRANCISCO at	(772) 646-2365
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	I please find a check made payable to the Filing Fee	re Florida Department of State for: 1 \$55 Filing Fee & Certified Copy
R D P	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)

1. The name of the	limited liability company as	s it appears on the records of the Fl	lorida Depa	rtment
of State is: CYSC	COS, LLC			
2. The Florida docu	nment/registration number as	ssigned to this limited liability con	npany is:	
1.20000194780		<u>.</u>		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	04/06/2023	
4. I. ROBERTO SAL	AS FRANCISCO ame of Person Resigning)	, hereby withdraw/resign as a	a	
AUTHORIZED N	иемвек			
	(Print Title)			
of this limited lia resignation in wr	- · ·	ne limited liability company has be	een notified	of my
	Salas ssociating Member or Resig	gning Manager		
Filing Fee:	\$25.00 (Required)		2023 MA)	等 (基
Certified Copy:	\$30.00 (Optional)		2	\circ