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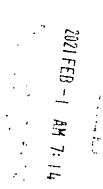
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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O SIMMONS MAR 15 2021

COVER LETTER

TO: Registration Section	
Division of Corporations	
The Universal Citizen LLC SUBJECT:	
	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Stefanie Itzkowitz	
(Contact Person)	
The Universal Citizen LLC	
(Firm/Company)	
3935 SW 47th Street	
(Address)	
Fort Lauderdale, FL 33312	
(City/State and Zip Code)	
For further information concerning this matter	. please call:
Stefanic Itzkowitz	954 242-3102 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for: \$\Bigsim \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it Universal Citizen LLC	appears on the records of the Florida Department
2. The Florida doc L20000222565	cument/registration number assig	gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigr	ned or will withdraw/resign is: 07 September 2020
4. I. Victoria Cinnan	ite On the control of	, hereby withdraw/resign as a
Authorized Mem	,	
	(Print Title)	
of this limited lia resignation in w	• •	imited liability company has been notified of my
V-C)	->	
Signature of D	issociating Member or Resignir	ng Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	