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COVER LETTER

TO: Registration Section Division of Corporations Chlorinegold LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Claudia Veintimilla (Contact Person) Chlorinegold (Firm/Company) 7275 SW 90 St. #C214 (Address) Miami, FL 33156 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 5028127 (Area Code & Daytime Telephone Number) Claudia Veintimilla (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☑ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

	limited liability company inegold LLC			Florida L)eparti	ment
2. The Florida does 1.20000225391	ament/registration number	assigned to this limited	I liability ed	ompany i	s:	
4 3 37 1 21 1	mber/manager withdrew/r lla lame of Person Resigning)				21	
Authorized memb					PH I	: 11: محسر العيا
of this limited lia resignation in wr	bility company and affirm iting.		npany has b	peen noti	Ti. OptioPot	'my
Signature of Di	ssociating Member or Res	igning Manager				
_	\$25,00 (Required) \$30,00 (Optional)					