120000 242356

(Re	questor's Name)			
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J. Contina

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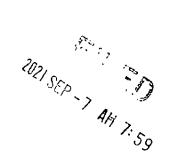
COVER LETTER

	egistration Section vision of Corporations				
SUBJEC	SOFTIX DIGITAL LLC				
000000		(Name of Limited Liability Company)			
The enclos	sed member, resignation or dis	sociation and fee(s) are submitted for filing.		
Please rett	urn all correspondence concern	ing this matter to:			
JOSEPH E	SEXTON				
	(Contact Person)		_		
SOFTIX DI	GITAL LLC				
	(Firm/Company)		_		
690 MAIN :	STREET #10026				
	(Address)		_		
SAFETY H.	ARBOR, FL 34695				
·	(City/State and Zip Code)		_		
For further	r information concerning this n	natter, please call:			
JOSEPH E S	SEXTON	727 at (902-5641		
	(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed p ■ \$25 Fil	please find a check made payabing Fee		Department of State for: g 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)

2. The Florida doc 1,20000242356	ament/registration number a	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/rea	signed or will withdraw/resign is: AUGUST 1, 202
SUZAD MIDANI		
(Print 8	ame of Person Resigning)	, hereby withdraw/resign as a
MEMBER		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of
	Arian-	
Signature of D	ssociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	