K20 000 332863

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COVER LETTER

Division of Corporations Auth Software 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: Gabriel Jaramillo (Contact Person) Auth Software LLC (Firm/Company) 9463 palm circle north (Address) Pembroke Pines, Florida 33025 (City/State and Zip Code) For further information concerning this matter, please call: Gabriel Jaramillo 786 (Name of Contact Person) (Area Code & Davtime Telephone Number) 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

TO:

Registration Section



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 of State is: Auth	limited liability company as Software LLC	it appears on the records of	f the Florida Department
2. The Florida doc L20000332863	ument/registration number as	signed to this limited liabili	ity company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resig	gn is:
4. I. OMAR FAKHOURY, OMAR IYAD, hereby withdra, hereby withdra		, hereby withdraw/resi	gn as a
(Print 8	ame of Verson Resigning)	<u>.</u>	<i>C</i>
MGR and Co-Ow	ner		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
	Omar		20 5
Signature of Di	ssociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		26
Certified Copy:			FILED 2021 JUL 26 PH 4:24 SERT COSESTITE
			B