120 000 368 430

. (Reque	stor's Name)
· (Addres	ss)
(Addres	(2)
(land	-,
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:
	





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COVER LETTER

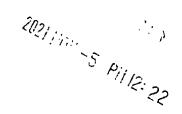
Registration Section TO: Division of Corporations

SYDNEY KELLER & EVENT COS	NSULIANTS LLC	
SUBJECT: (Name of Lin	mited Liability Cor	mpany)
The enclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
SYDNEY KELLER		
(Contact Person)	-	_
SYDNEY KELLER & EVENT CONSULTANTS L	LC	
(Firm/Company)		-
1000 BRICKELL PLAZA PH5406		
(Address)		_
MIAMI, IFLORIDA 33131		
(City/State and Zip Code)		-
For further information concerning this mat	tter, please call:	
SYDNEY KELLER	305	8074861
(Name of Contact Person)	at ((Area Code)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida I	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)

SYD	e limited liability company as it appears on the records of the Florida Department NEY KELLER & EVENT CONSULTANTS LLC
2. The Florida doc 1.20000368430	ument/registration number assigned to this limited liability company is:
_ .	
\$YDNEY KELL 4. I,	ember/manager withdrew/resigned or will withdraw/resign is:
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating/Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)