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#### **COVER LETTER**

Registration Section

TO:

Division of Corporations SYMBIE VARIETY SHOP 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: CARMEN BONHOMME (Contact Person) (Firm/Company) 91 NE 54TH STREET - SUITE 3 (Address) MIAMI, FL 33137 (City/State and Zip Code) For further information concerning this matter, please call: CARMEN BONHOMME 561 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



## FILED

#### 2021 JUL 29 PM 12: 40

SECRETARY OF STATE TALLAHASSEE, FLORENCE

## 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 as it appears on the records of the Florida Department
	ument/registration number assigned to this limited liability company is:
CARMENIBON	mber/manager withdrew/resigned or will withdraw/resign is:  HOMME, hereby withdraw/resign as a  'ame of Person Resigning)
MANAGER	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required)  \$30.00 (Optional)