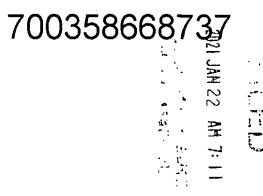
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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COVER LETTER

	egistration Se ivision of Cor		*	·
SUBJEC	Т:	Name of L	1 De COY 1	mpany)
The enclo	sed member,	resignation or disso	eciation and fee(s	s) are submitted for filing.
Please ret	urn all corres	pondence concernir	ig this matter to:	
	Oraya,	NU NL Z Contact Person)		
	SWELTS,	4 Decor	-	_
	HUUY	Caspian (Address)	way	_
	Davie, (City	FL 3331 (State and Zip Code)	4	_
For furthe	er information	concerning this ma	atter, please call:	
Mil	Name of Cor	Narte	at (<u>954</u> (Area Code	2 & Daytime Telephone Number)
Enclosed \$25 Fi		check made payabl		Department of State for: g Fee & Certified Copy
Ro Di	ailing Address: egistration Se ivision of Cor O. Box 6327			Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department	
of State is: SWELTS & DECOV, LLC.	
2. The Florida document/registration number assigned to this limited liability company is:	
L2600038991W	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 15, c	202
4. I, SSANA NEI (2), hereby withdraw/resign as a (Print Name of Person Resigning)	
Muna Ger (Prini Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Celllo	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	