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SECRETARY SEES FARE

COVER LETTER

Division of Corporations
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:
TARA LEANDRE (Contact Person)
LIQUID & UC. (Firm/Company)
5086 MONZA LOURT (Address)
AUF MARIA, FLO 34142 (City/State and Zip Code)
For further information concerning this matter, please call:
TARA L. LEANDRE at (305) 896 0418 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing 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

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2022 JUN-6 PM 1: 10

SECRETARY OF STATE
TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

of State is: LIQUIDROSE LLC.
of State is. VC 1010 ROSC CC-
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/25/20
4. I. STENKINS CENATUS , hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: