L21000067063

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE

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 limite	ed liability company as it appears on the records of the Flor	ida Department
of State is:	CE INDUSTRIES, LC	<u> </u>
2. The Florida document	t/registration number assigned to this limited liability compa	any is:
		7-30-2021
3. The date this member/	/manager withdrew/resigned or will withdraw/resign is:7	7-15-21
4. I. Carlos (Print Name of	Sullivay, hereby withdraw/resign as a ferson Resigning)	
Managev (Print)	Title)	
of this limited liability resignation in writing.	company and affirm the limited liability company has been	notified of my
	ating Member or Resigning Manager	
Filing Fee: \$2 Certified Copy: \$3		

