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COVER LETTER

TO:	_	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	The Fenix Project LLC		
		(Name of	Limited Liability Co	ompany)
The e	nclosed	d member, resignation or dis	sociation and fee((s) are submitted for filing.
Please	e return	all correspondence concern	ning this matter to	:
Rubia	Mendes	Laurelli		
		(Contact Person)		-
The Fe	nix proj	ect LLC		
	_	(Firm/Company)		
1210 n	iw 13th :	st apt 110		
_		(Address)		
boca ra	aton, flo	rida 33486		
		(City/State and Zip Code)		_
For fu	ırther ii	nformation concerning this r	natter, please call	:
Rubia	Mendes	Laurelli	734 at (231-4920
_	(N	lame of Contact Person)		le & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payal	ble to the Florida	Department of State for:
= \$2	5 Filing	g Fee	☐ \$55 Filin	ng Fee & Certified Copy
		ng Address:		Street Address:
		stration Section		Registration Section Division of Corporations
		sion of Corporations Box 6327		The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	- 40 14			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)

	limited liability company a	as it appears on the records of the Florida Department		
		assigned to this limited liability company is:		
Dan des Daixa		esigned or will withdraw/resign is: 05/27/2021		
4. I, Print A	(Print Name of Person Resigning), hereby withdraw/resign as a			
Manager	tune of t crash hearymag,			
	(Print Title) bility company and affirm t	the limited liability company has been notified of my		
resignation in wr				
	ssociating Member or Resi	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)			