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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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,
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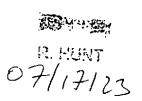
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## **COVER LETTER**

TO: Registratio Division of	n Section *Corporations		
SUBJECT:	PCANIA STOPEC (Name of Limite	DEST LLC ed Liability Company)	
The enclosed mem	ber, resignation or dissociat	tion and fee(s) are submitte	ed for filing.
Please return all co	orrespondence concerning th	nis matter to:	
<u>Delan</u>	(Contact Person)		
OPCOM	19 STOPECEOST L (Firm/Company)	<u> </u>	
<u>200 6a</u>	(Address)		17 PHIO: 41
HONYW	OCI, FL, 33024 (City/State and Zip Code)		O: 41 STATE S. FL
For further informa	ation concerning this matter	, please call:	
OPIONDO (Name of	(CINCIVERCI) Contact Person)	at ( <u>786</u> ) <u>830</u> (Area Code & Daytime Te	- 1822 dephone Number)
Enclosed please fin \$25 Filing Fee	nd a check made payable to	the Florida Department of  ☐ \$55 Filing Fee & Certif	
Mailing Addr Registration Division of P.O. Box 61	n Section Corporations	Street Address Registration Division of C The Centre o	Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 t	he limited liabilit	y company as it app	ears on the record:	s of the Florid	a Depar	tment
of State is:	OPLANA	SHOPPLEDIT	LL(	· <del></del> ··		·
		ion number assigned		ibility compan	y is:	
<u> </u>	2837911	L7100013°	3246			
3. The date this r	member/manager	withdrew/resigned	or will withdraw/r	esign is:	2/01/	22
	OPIO POMO		hereby withdraw/r	resign as a		
	(Prim Title)	·				
of this limited leading to the resignation in variation i	iability company	and affirm the limit	ed liability compa	ny has been no	otified c	of my
Signature of	Dissociating Mer	nber or Resigning N	lanager			
Filing Fee: Certified Copy:	\$25.00 (Re \$30.00 (Op	•			800 II	;