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Registration Section

TO:

Division of Corporations REEF VACATIONS.COM LLC 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: Meirav Kaikov (Contact Person) (Firm/Company) 19476 Country Club Dr (Address) Aventura, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: Meirav Kaikov (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee Street Address: Mailing Address: **Registration Section** Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

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)

	imited liability company as it appears on the records of the Florida Department
	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. I, Niv Kaikov	, hereby withdraw/resign as a me of Person Resigning)
AMBR	me of Ferson Resigning)
(F	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
- CD:	sociating Member or Resigning Manager
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	