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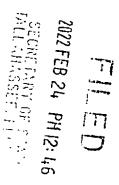
	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(Business Entity Name)				
. (Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE MAR - 4 2022				

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COVER LETTER

TO: Reg	istration Section		*
Div	ision of Corporations		
SUBJECT	RELIK ENTERPRISE LLC		
		Limited Liability Co	ompany)
The enclose	ed member, resignation or diss	ociation and fee((s) are submitted for filing.
Please retu	rn all correspondence concerni	ng this matter to	:
Jean Joseph H	K. Eliacin		
	(Contact Person)		
	(Firm/Company)		_
2841 Saint C	lair Court		
	(Address)		
Orlando, FL	32818		
	(City/State and Zip Code)		_
For further	information concerning this m	atter, please call	:
Jean Joseph F	Eliacin	689 at (2428355
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed p	lease find a check made payab	le to the Florida	Department of State for:
■ \$25 Fili	ng Fee	🗆 \$55 Filir	ng Fee & Certified Copy
Maí	ling Address:		Street Address:
Registration Section			Registration Section
	Division of Corporations		Division of Corporations
P.O. Box 6327			The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
			rananassee, r ti babub



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 as	it appears on the records of the Florida Department
		signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 02/18/2022
4. I. Evens Dominique (Print Name of Person Resigning)		
Manager	ame of Person Resigning	
	Print Title)	
of this limited lial resignation in wri		e limited liability company has been notified of my
Evens	Dominique ssociating Member of Resign	
Signature of Di	ssociating Member of Resign	ning Manager
-	\$25.00 (Required)	