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C. BRUMBLEY
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COVER LETTER

Division of Corporations		
PIC ZONE, ELC SUBJECT:		
(Name of Limit	ted Liability	Company)
The enclosed member, resignation or dissocia	ition and fe	ce(s) are submitted for filing.
Please return all correspondence concerning t	his matter	to:
CARLYLE MCDONALD		
(Contact Person)		
PIC ZONE, LLC		
(Firm/Company)		
1822 NW 36TH AVE		
(Address)		
LAUDERHILL, FL 33311		
(City/State and Zip Code)		
For further information concerning this matte	r, please ca	nll:
CARLYLE MCDONALD	954 at (695-5389
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable to \$\Begin{align*} \Begin{align*} \Be		la Department of State for: ling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

The Florida document/registration nur 1.21000178518	nber assigned to this limited liability company is:
The date this member/manager withdr	ew/resigned or will withdraw/resign is: AUGUST 2, 2021
NAISHA NICHOLAS (Print Name of Person Resigning)	, hereby withdraw/resign as a
MANAGER	
(Print Title)	
of this limited liability company and af resignation in writing.	firm the limited liability company has been notified of m
77 	

CR2E079 (2/14)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)

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