L21000212501

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: TNZCLOUDS USA, LLC_ (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: |
| (Contact Person) |
| Trauvos USA LLC (Firm/Company) |
| STOO N MILITARY TRAIL 630 |
| City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (561) 3CT 16 42 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee |
| 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 8 |

FLP

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)

| | • |
|----------------------|--|
| 1. The name of the | limited liability company as it appears on the records of the Florida Department |
| of State is: | WILDUDS USA, LLL |
| 2. The Florida docu | ment/registration number assigned to this limited liability company is: |
| L210 | UU212 <u>501</u> |
| 3. The date this men | nber/manager withdrew/resigned or will withdraw/resign is: May 26, 222 |
| | hereby withdraw/resign as a |
| (Print No | ame of Person Resigning) |
| | MGR |
| | Print Tule) |
| of this limited liab | pility company and affirm the limited liability company has been notified of my |
| resignation in wri | ting. |
| Signature of Di | ssociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| * | \$30.00 (Optional) |