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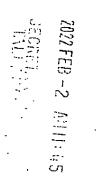
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CONCRETE SERVICE



COVER LETTER

TO: Registration Section Division of Corporations	; , , ,
	CEY COIN, LIC of Limited Liability Company)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:
Soeab Boga (Contact Person)	
Tuenkey Coin (Firm/Company)	,ue
4674 NW (Address)	
Donal, FL 33 (City/State and Zip Code)	طهالا
For further information concerning this	matter, please call:
Socab BogA (Name of Contact Person)	at (904) 514-4599 (Area Code & Daytime Telephone Number)
	able to the Florida Department of State for:
□ \$25 Filing Fee	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

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 ap	pears on the records of th	e Flori	da De _l	partment
of State is:	Turnkey Coin, LLC				·
2. The Florida doc	ument/registration number assigne	ed to this limited liability	compa	ny is:	
	.21000213012	e.			
3. The date this me	mber/manager withdrew/resigned	l or will withdraw/resign i	is:	15 2	1 Jan 15,2022
4.1. <u>Yan</u> (Print N	ame of Person Resigning)	, hereby withdraw/resign	as a		
	NNEL (Print Title)				
of this limited lia resignation in wr	bility company and affirm the lim	ited liability company has	s been	notifie	d of my
Signature of Di	Mane: ssociating Member or Resigning	 Manager	SECTION.	2022 FEB	~
oignargic of Di	sociating Wember of Resigning	Manager		2	
	\$25.00 (Required) \$30.00 (Optional)			9 ii : 11 kw	* <u>- 1</u>