## 121000371664

(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:	$\neg$
Office Use Only	



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Four Souls Industries L (Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Kamie Chevalier (Contact Person)	_
Four Souls Industries (Firm/Company)	_
219 Jersey Black Circle	_
Prohester, NY 1462(o (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Name of Contact Person) at (585) (Area Code	944-3054 & Daytima Talaphana Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$\square\$ \$55 Filing	Department of State for: g Fee & Certified Copy
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Excet Address: Registration Section Division of Corporations The Centre of Tallahasses 241711111111111111111111111111111111111



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 lin	mited liability company as it appears on the records of the Florida Department
of State is: Fou	r Souls Industries, LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L2100	0371664
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 12 1 21
4.1, Fausto	, hereby withdraw/resign as a ne of Person Resigning)
<u> </u>	ins Title)
resignation in writing	ity company and affirm the limited liability company has been notified of my ng.
Causter.	Larua
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)