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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CV CLASSICS (Name of Limited Liability Con	прапу)
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.
Please return all correspondence concerning this matter to:	
Cacl Vitto (Contact Person)	_
CV CIASSICS, LLS (Firm/Company)	-
2997 Kenilwick Drs	-
Clear water, Fl 3376 (City/State and Zip Code)	2
For further information concerning this matter, please call:	
(Name of Contact Person) at (72)  (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida □  \$25 Filing Fee  \$55 Filing	$ec{arphi}$
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



## 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:	V CLASSICS,	LLC	
	ument/registration number as	signed to this limited liability o	company is:
· ·		igned or will withdraw/resign is, hereby withdraw/resign a	N .
of this limited lial resignation in wr		e limited liability company has	been notified of my
_	\$25.00 (Required) \$30.00 (Optional)		