## h21000385995

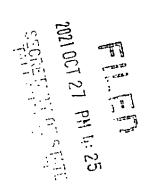
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Q. SILAS NOV 08 2021					
MAA AB SOSI					

Office Use Only



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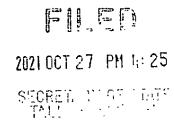


## **COVER LETTER**

Division of Corpora			
TRIUMPHANT SUBJECT:	CREATIONS, LLC		
SOBOLCI.	(Name of Limite	d Liability Con	npany)
The enclosed member, resig	mation or dissociat	ion and fee(s	) are submitted for filing.
Please return all correspond	ence concerning th	is matter to:	
Adrian Castro			
(Conta	ct Person)		<del>-</del>
(Firm/C	Company)		-
9415 FONTAINBLEAU BOULE	EVARD-208		_
(Add	Iress)		
MIAMI FL 33172			
(City/State	and Zip Code)		-
For further information con-	cerning this matter	, please call:	
ADRIAN CASTRO		786 at (	2017737 _)
(Name of Contact		(Area Code	& Daytime Telephone Number)
Enclosed please find a chec  \$25 Filing Fee			Department of State for:  J. Fee & Certified Copy
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions		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)

	Ilmited liability company as in MPHANT CREATIONS LLC	appears on the records of the Florida Department
2. The Florida doc L21000385995	ument/registration number ass	igned to this limited liability company is:
ADDIAND CAS	TRO	ned or will withdraw/resign is: 9/11/2111, hereby withdraw/resign as a
MGR	eame of recision resigning)	
		limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	