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### **COVER LETTER**

Division of Corporations	
SUBJECT: Ecom Automorie (Name of Limit	d LLC (ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
hevin Jaiver Scival	
Ecom Avionated LLC. (Firm/Company)	<del></del>
320 E Palm Run Drive, (Address)	
North Laurerchile, FL (City/State and Zip Code)	330 <i>68</i>
For further information concerning this matte	er, please call:
herin Taicersaud (Name of Contact Person)	at ( <u>954</u> ) <u>604</u> 85/0 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25° Filing Fee	the Florida Department of State for:  \$\sum \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



## 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)

	limited liability compar Lam Aviama			records of the	Florida Department
	ment/registration numb	er assign	ed to this lim	ited liability co	ompany is:
3. The date this men 4. I, KHANH (Print No.	nber/manager withdrev 」 MHN (デRー ime of Person Resigning)〜	v/resigned	or will with , hereby with	draw/resign is: ndraw/resign as	- 9 / 29 /200) sa
CUNT	C Print Title)  pility company and affir	·			Σ. Σ.
resignation in wri				-	:
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	<b>Ce3</b> igning	Manager		30