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(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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THE STREET PROPERTY.

Office Use Only



## **COVER LETTER**

Division of Corporations	
SCROLL CO INC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or disse	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
MARK WANAS	
(Contact Person)	
(Firm/Company)	
7940 MANSFIELD HOLLOW ROAD	
(Address)	<del></del>
DELRAY BEACH FL 33446	<u></u>
(City/State and Zip Code)	<del></del>
For further information concerning this m	natter, please call:
MARK WANAS	305 571-6098 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab  ■ \$25 Filing Fee	ole to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2415 N. Montoe Street, Suite & I.

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)

	OLL CO INC ument/registration number as	ssigned to this limited liability company is:	:	_ <del>_</del> .
L21000483348				
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 08/30/2022	2	
4. I. MARK ELBAD	RAMANY	hereby withdraw/resign as a		
(Print 8	ame of Person Resigning)			
MEMBER				
<del></del>	(Print Title)			
of this limited lia resignation in wi Mark Ell	iting.	e limited liability company has been notifi	ed of	my
Signature of D	issociating Member or Resig	ning Manager	22 SEP	JYER
Filing Fee:	\$25.00 (Required)		סר ו	- 第6 - 三寸
Certified Copy:	\$30.00 (Optional)		7	- (-) 5