018010000016816

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400398010364

11/21/22--01020--628 ++55.00

THE THE SECTION OF TH

FEB 2 0

COVER LETTER

_	tration Section on of Corporations			
cubicat.	ECOMMERCE KINGDOM LLC			
SUBJECT:	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissociation and fee(s)	are submitted for filing.		
Please return	all correspondence concerning this matter to:			
Ryan Sullivan				
	(Contact Person)	•		
	(Firm/Company)			
PO BOX 227				
<u> </u>	(Address)			
Daytona Beach	FL 32115			
	(City/State and Zip Code)	./ /		
For further in	formation concerning this matter, please call:			
Ryan Sullivan	386	233-5900		
(Na	arne of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed plea ☐ \$25 Filing	ase find a check made payable to the Florida D Fee S55 Filing	repartment of State for: Fee & Certified Copy		
Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc 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	s it appears on the records of t	he Florida Department	
of State is:				
2. The Florida docu	ument/registration number as	ssigned to this limited liability	y company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	17 NOV 22	
4. I. (Print Name of Person Resigning)		, hereby withdraw/resign as a		
(Print N Authorized Memb				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company h	as been notified of my	
t	YOUN SULLIVE	1	2022 7ÄLL	
Signature of Di	ssociating Member or Resig	gning Manager	2022 NOV 21 AN 5: ALL JHASSEL FLOR	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		81 5: 4 El FLORI	