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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Registration Section	, -
Division of Corporations	
SUBJECT: ROBINSON CHO, LLC	
	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
SUKHYUN CHO	
(Contact Person)	
ROBINSON CHO, LLC	
(Firm/Company)	
11009 W.E. 117TH LOOP	
(Address)	
SUMMERFIELD, FL 34491	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
SUKHYUN CHO	407 963-6495 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
· · · · · · · · · · · · · · · · · · ·	ble to the Florida Department of State for:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 WHITEHOLOGO, 1 L. Paul 17	Tallahassee, FL 32303



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SECRE TARY OF STATE

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)

y company as it appears on the records of the Florida Department
ion number assigned to this limited liability company is:
withdrew/resigned or will withdraw/resign is: 01/21/2022
, hereby withdraw/resign as a signing)
signing)
and affirm the limited liability company has been notified of my
mber or Resigning Manager
mber or Resigning Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: