L22000065918

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(0.1) 0.000 - 2.000 - 2.000						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	· · · · · · · · · · · · · · · · · · ·		
	(Name of Limited	d Liability Company)	
The end	closed member, resignation or dissociation	ion and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this	is matter to:	
Nicholas	Koutoulas, Registered Agent		
	(Contact Person)		
	(Firm/Company)		
2214 S C	Sypress Bend Dr		
	(Address)		
Pompano	Beach, FL 33069		
	(City/State and Zip Code)		
For furt	her information concerning this matter,	please call:	
Nicholas	Koutoulas, Registered Agent	954 682-0276	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number	сг)
	ed please find a check made payable to the Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy	
i	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Su 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)

1. The name of the of State is:	limited liability company as	s it appears on the records o	f the Florida Department
2. The Florida doc L22000065918	ument/registration number a	ssigned to this limited liabil	ity company is:
	ember/manager withdrew/res		
(Print N	inas Tame of Person Resigning)		
AMBR			
 	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified of my
Ports	Kortalás		2023 DEC
Signature of D	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		-7 AM 8: 25