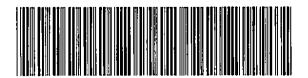
## L22 0000 69585

(Re	questor's Name)	
	dress)	
(Adi	uiess)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

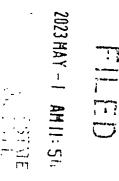
Office Use Only



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US/U1/20 -01022 63: \*\*21.00

6/50/23 VIA



## **COVER LETTER**

Division of Corporations	
SUBJECT: Coulcus Delega (Name of Limited I	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this  Fasima Jaynov  (Contact Person)	
(Firm/Company)  339 Canh, Circle (Address)	
Office F/ 3476/ (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
(Name of Contact Person) at (	407 ) 307/8649 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ID \$25 Filing Fee	: Florida Department of State for:
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassay, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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 it appears o	n the records of	the Florida Department
of State is:	outeurs	D'Eleganit	2 Luxury	Picnics
		on number assigned to th	U	
L22:00	X) 69585	<del>_</del>		
3. The date this me	:mber/manager w	vithdrew/resigned or wil	l withdraw/resign	n is: 31/2022
4. I. <u>MONIQU</u> (Print N	E JEAN TER	gning)	y withdraw/resig	ın as a
MANAC	GEA (Print Title)			
	bility company a	and affirm the limited lia	bility company l	•
Mil	HC-			2023 HAY - I
Signature of the	issociating Meml	ber or Resigning Manag	er	_
				HAY -I AMII: 5
Filing Fee:				
Certified Copy:	\$30.00 (Opti-	onal)		