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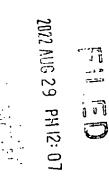
(Red	questor's Name)	<u></u>		
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(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
	MIAMI GLASS & ALUMINIUM L	LC				
SUB	JECT:(Name of Lin	nited Liability Co	mpany)			
The e	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for	filing.		
Pleas	e return all correspondence concerning	g this matter to:				
Yusif a	Aliyev					
	(Contact Person)	<u>. </u>	_			
	(Firm/Company)	<u> </u>	_			
8995	Southern Orchard Rd S					
	(Address)					
Davie	, FL 33328					
	(City/State and Zip Code)		_		2022 /	
For f	urther information concerning this ma	tter, please call	:		ing 2	
Yusif	Aliyev	305	748-7333	· · · · · · · · · · · · · · · · · · ·	2022 AUG 29 PH I2: 07	3
	(Name of Contact Person)	at ((Area Cod	le & Daytime Telepho	#15. T	H 2:	
	osed please find a check made payable	e to the Florida	Department of State	; e for:	07	
□ \$:	25 Filing Fee	त्र १००० हो।।।	ng ree & Ceruneu (лору		
	Mailing Address		Street Address:			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe 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)

	limited liability company a A GLASS & ALUMINIUM LLC	s it appears on the records of the Florida	n Department
of State is:			
2. The Florida doc L22000090284	ument/registration number a	assigned to this limited liability company	y is:
-		 8/1/202	22
3. The date this me Yusif Aliyev	mber/manager withdrew/re	signed or will withdraw/resign is:	
4. I,		, hereby withdraw/resign as a	
(Print A MGR	lame of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has been no	otified of my
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		202