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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Salar Tint Solution (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Kanil Schenak (Contact Person)	
Solar Tint Solutions (Firm/Company)	LC
6(6 SE 27in 96 (Address)	
Cape Coral FL 33904 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
Rum Sevensek at (Name of Contact Person)	(897) 772 6675 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: I \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Solar Tint Soltions LLC
2. The Florida document/registration number assigned to this limited liability company is:
L22006 132 977
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/3(/2021
4. I. Nark Scremak hereby withdraw/resign as a (Print Name of Person Resigning)
MGK (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)