K22000152807

(Requ	estor's Name)				
(Address)					
(Address)					
(City/S	State/Zip/Phone #	F)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer:					
Special Instructions to Fili	ing Officer;				

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2022 JUN - 7 PM 2: 5

COVER LETTER

TO:	Regi	stration Section		•
	Divi	sion of Corporations		
SUBJ	ECT:	FRESH AIR PROS LLC		
		(Name of	Limited Liability C	Company)
The en	nclose	d member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Pleaso	e returi	a all correspondence concerni	ing this matter to	9:
Samue	l Behar			
		(Contact Person)		-
ВЕПА	R CPA			
		(Firm/Company)		
10101	FONDE	REN RD STE 400		
		(Address)		_
HOUS	TON. T	EXAS 77096		
		(City/State and Zip Code)		
For fu	irther i	nformation concerning this n	natter, please cal	I:
Samue	l Behar		832	231-6959
	(N	Jame of Contact Person)	(Arca Co	de & Daytime Telephone Number)
	-	case find a check made payab		· · · · · · · · · · · · · · · · · · ·
三 341	5 Filin	g Fee	☐ 2 22 till	ng Fee & Certified Copy
		ng Address:		Street Address:
		stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
				Tallahassee El 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2022 JUN - 7 PM 2: 51

SEUALIARY OF STATE TALLAHASSEE, FL

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it a	ppears on the records of the Florida Department
of State is: FRES	SII AIR PROS LLC	·
2. The Florida doc L22000152807	cument/registration number assign	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:
4. I, Mor Vaknin	Name of Person Resigning)	_, hereby withdraw/resign as a
Manager (Print)	vame of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wi		nited liability company has been notified of my
MONU	1akuin	
Signature of D	issociating Member or Resigning	. Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	