## 122000222306

(Re	questor's Name)	
(Ade	dress)	
(Address)		
(City	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	☐ MAIL
		<del></del>
(Bu:	siness Entity Nan	ne)
<u>.                                    </u>		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800397485898



FEB 11

S. PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Nayo Dez LLC (Name of Limited Lia)	bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Joline Desruisseaux (Contact Person)	
(Contact Person)	
(Firm/Company)	
828 Franklin St. Apt S	08
(Address)	
San Francisco, CA 9410 (City/State and Zip Code)	2
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Joline Desruiss eau X at ( (Name of Contact Person) (A	415, 916-6257
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Englosed please find a check made payable to the I	Florida Department of State for:
S25 Filing Fee □ S	55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 as it appears on the	records of the Florida Department
of State is:	NATO DEZ LLO	·
2. The Florida docu	ument/registration number assigned to this lim	ited liability company is:
L2200	00222306	
3. The date this men	mber/manager withdrew/resigned or will with	draw/resign is: <u>May 11, 2</u> 022
4.1. Joline	Desruisseaux, hereby with ume of Person Resigning)	ndraw/resign as a
attorney a	nd member	
of this limited liab resignation in wri	oility company and affirm the limited liability	company has been notified of my
Oli	in Verney Z	
Signature of Dis	ssociating Member or Resigning Manager	•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	