L22000263115

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dacament Namber)
Certified Copies Certificates of Status
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COVER LETTER

Division of Corporations Crew Connect USA LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jennifer Emmons (Contact Person) Crew Connect USA LLC (Firm/Company) 257 Montelluna Drive (Address) Venice, FL 34275 (City/State and Zip Code) For further information concerning this matter, please call: Jennifer Emmons (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$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

TO:

Registration Section



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2023 JUL 18 AH 8: 53
SECRETARY OF STATE
TALLAHASSEE. FL

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)

	e limited liability company as it appears on the records of the Florida Department Connect USA LI.C
2. The Florida doc L22000263115	cument/registration number assigned to this limited liability company is:
Antonio Caluato	ember/manager withdrew/resigned or will withdraw/resign is: ore Ir, hereby withdraw/resign as a Name of Person Resigning)
Manager —	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)