h22000 309378

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2027 JUL 29 PM 3: 1

COVER LETTER

TO: Registration Section Division of Corporations	
Investments Balanda LLC	
SUBJECT:	Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Carola Olses	
(Contact Person)	
Cales W LLC	
(Firm/Company)	
1025 E Hallandale Beach Blvd Ste 15	
(Address)	
Hallandale Beach, Fl 33009	
(City/State and Zip Code)	
For further information concerning this matter, p	blease call:
Carola Olses	786 5699706
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: 1 \$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



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SECRETARY OF STREET

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:	ments Balanda LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L220000309378	
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
Carola Olses	, hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
Member/Manager	•
	(Print Title)
resignation in the	
Signature of D	is ociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)