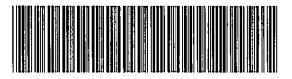
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations Innova Digital 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: Carola Oises (Contact Person) Cales W LLC (Firm/Company) 1025 E Hallandale Beach Bly Ste 15 # 921 (Address) Hallandale Beach Fl 33099 (City/State and Zip Code) For further information concerning this matter, please call: 786 Carola Olses _ at (____ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM \bigcirc FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY $\stackrel{\sim}{\sim}$

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company | as it appears on the records of the Florida Department |
|------------------------------------|---------------------------|--|
| 2. The Florida doc L22000358864 | ument/registration number | assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/r | esigned or will withdraw/resign is: |
| 4. 1, Carola Olses (Print N | lame of Person Resigning) | , hereby withdraw/resign as a |
| Manager | | |
| | | the limited liability company has been notified of my |
| Signature of D | issociating Member or Res | signing Manager |
| | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |