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(City/State/Zip/Phone #)

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(Business Entity Name)

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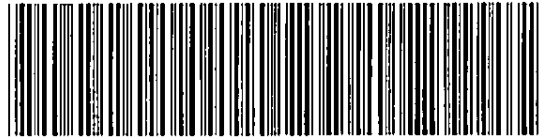
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STIGMA GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIF SEZEN ERGIN
Name of Person

STIGMA GROUP LLC
Firm/Company

2899 COLLINS AVE APT 53
Address

MIAMI BEACH / FL 33140
City/State and Zip Code

elifsezenergin@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

ELIF SEZEN ERGIN at (305) 901 9185
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STIGMA GROUP LLC
(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:

ELIF SEZEN ERGIN
(Contact Person)

STIGMA GROUP LLC
(Firm/Company)

2899 COLLINS AVE APT 531
(Address)

MIAMI BEACH / FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIF SEZEN ERGIN at (305) 901 9185
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$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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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: STIGMA GROUP L.L.C.

2. The Florida document/registration number assigned to this limited liability company is: L 22000435958

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/12/2024

4. I, ELIF SEZEN ERGIN, hereby withdraw/resign as a

(Print Name of Person Resigning)

partner / authorized member.

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Elif Sezen Ergin
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)