| (Requestor's Name) | | | | | | |
|---|---|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | _ | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| J DELL. | | | | | | |
| AUG 1 8 WA | | | | | | |
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Office Use Only



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07/25/23--01005--012 **25.00

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: ONLINE GURU (Name of Limited Liabil | LLC lity Company) |
| The enclosed member, resignation or dissociation and | d fee(s) are submitted for filing. |
| Please return all correspondence concerning this mat | ter to: |
| NATALIIA ZHARYNINI (Contact Person) | \ |
| ONLINE GURY, LLC (Firm/Company) | |
| 7210 MANATEE AVE W # | - 1182 |
| BRADENTON FL 3Y2O. (City/State and Zip Code) | 9 |
| For further information concerning this matter, pleas | e call: |
| NATALIIA ZHARYNINA at (9) (Name of Contact Person) (Are | V1) 909 50 31 a Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Flo \$25 Filing Fee \$55 | orida Department of State for: 5 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

TO: Registration Section



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: ONLINE GURU, LLC 2. The Florida document/registration number assigned to this limited liability company is: L2300040619 3. The date this member/manager withdrew/resigned or will withdraw/resign is: O6/27/202 4. I, NATALIA ZHARYNINA hereby withdraw/resign as a (Print Name of Person Resigning) AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | | | | | | | |
|---|----------------------|----------------|----------------------|-------------------|-----------------------|-----------|---------------|
| 2. The Florida document/registration number assigned to this limited liability company is: L_2300040619 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/27/2023 4. I. NATALIIA ZHARYNINA hereby withdraw/resign as a (Print Name of Person Resigning) AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional) | 1. The name of the | limited liabil | lity company as it a | appears on the re | ecords of the Florida | a Depar | tment |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/27/202. 4. I, NATALIIA ZHARYNINA hereby withdraw/resign as a (Print Name of Person Resigning) AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Optional) | of State is: | JLINE | GURU, | LLC | | | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: O6/27/2023 4. I, NATALIA ZHARYNINA hereby withdraw/resign as a (Print Name of Person Resigning) AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv.: \$30.00 (Optional) | 2. The Florida docu | ment/registr | ation number assig | ned to this limit | ed liability compan | y is: | |
| 4. I, NATALIA ZHARYNINA hereby withdraw/resign as a (Print Name of Person Resigning) AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional) | <u> L23000</u> | 0406 | 19 | | | | |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv.: \$30.00 (Optional) | 3. The date this mer | nber/manage | er withdrew/resign | ed or will withd | raw/resign is: OG | 0/27 | <u>/2</u> 023 |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | | | | , hereby withd | Iraw/resign as a | | |
| Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv.: \$30.00 (Ontional) | | | | | | | |
| Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Conv.: \$30.00 (Ontional) | | | ny and affirm the li | mited liability c | ompany has been n | otified c | of my |
| Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional) | | <u> </u> | | | - | 2023 | ä ä |
| Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional) | Signature of Dis | ssociating M | lember or Resignin | g Manager | | JUL 25 | RETARY |
| Certified Conv. \$30.00 (Unifonal) | | | | | | | ED. |
| | Certified Copy: | \$30.00 (C | Optional) | | | | STAI |