L23000 Z73 789

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section Division of Corporations			
Division of emporations			
SUBJECT: TANK KEYS LLC		_	
(Name of Limited Liability (Company)		
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o:		
Carola Olses			
(Contact Person)			
Cales W LLC			
(Firm/Company)			
1025 E Hallandale Beach Blv Ste 15 # 921	3.EG	2023 DEC 22	
(Address)		DEC	
Hallandale Beach Fl 33099	HASY HASY		1
(City/State and Zip Code)	<u> </u>		****
For further information concerning this matter, please ca	II: PS	9 :-	******
Carola Olses 786	5699706		
(Name of Contact Person) at (ode & Daytime Telephone Number)	-	
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Fil	a Department of State for: ing 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 Tallahassee, FL 32303	810	



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	e limited liability company as	it appears on the records of the Flo	orida De	partm	ent
of State is: TAN	KEYS LLC				
2. The Florida doc 1.23000273789	ument/registration number as	ssigned to this limited liability com	pany is:		
Natalia Lodezm	1	igned or will withdraw/resign is:	ECEETAR)	202到底22	-
(Print) Manager	Same of Person Resigning)	, hereby withdraw/resign as a	SSEE I	P .: -	4
	(Print Title)		m m	9	
of this limited lia resignation in wr	bility company and affirm the	e limited liability company has bee	n notifie	:d of m	ıy
Signature of D	issociating Member or Resign	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				