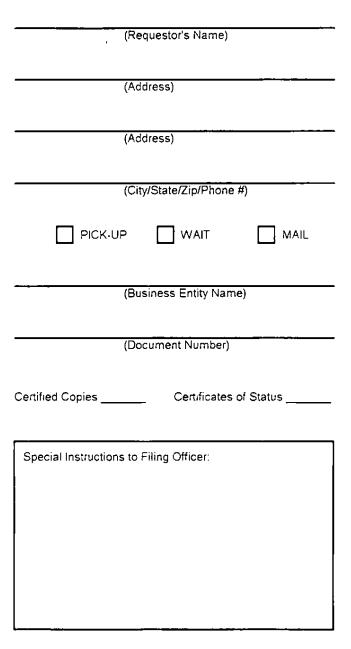
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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	AWAN US LLC			
.50 (3.5)	(Name of Limited Liability Company)			
The en	nclosed member, resignation or dissocia	ation and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning t	this matter t	:0:	
DAVID	) HERNANDEZ, CPA			
	(Contact Person)			
MAX F	FINANCIAL			
	(Firm/Company)	<del></del> _		
150 SE	2ND AVE SUITE 205			
	(Address)			
MIAMI	L FL 33131			
	(City/State and Zip Code)		·	
For fu	rther information concerning this matte	r. please ca	II:	
DAVIII	) HERNANDEZ. CPA	305 at (	707-8007	
	(Name of Contact Person)		ode & Daytime Telephone Number)	
Enclos	sed please find a check made payable to	the Florida	a Department of State for:	
□ <b>\$</b> 25	5 Filing Fee	<b>■ \$</b> 55 Fil	ing Fee & Certified Copy	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
	Tuttatiassee, Ft. 52517		Tallahassee, FL 32303	



## 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)

	AN US LLC		·
2. The Florida doc 1.23000301967	ument/registration number a	ssigned to this limited liability	company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign	is:
	- · ·	, hereby withdraw/resign	
AMBR			
	(Print Title)		
resignation in w	citime	ne limited liability company ha	is been notified of my
Signature of D	issociating Member or Resig	gning Manager	2024
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2024 FEB 27 PM