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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
Pixel Construction LLC SUBJECT:	
(Name of Limited Li	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Baris Keser	
(Contact Person)	
(Firm/Company)	
829 SE 1st Way	2001 MAR 11 PH 3: 42 SECRETARY OF STATE TALL AHASSEE, FL
(Address)	
Deerfield Beach FL 33441	PH 3
(City/State and Zip Code)	
For further information concerning this matter, plo	rase call:
Baris Keser 5	6028906
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 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)

1. The name of of State is:	the limited liability company as	s it appears on the records of the Florida De	partment
	ocument/registration number a	ssigned to this limited liability company is NR	
3. The date this i	member/manager withdrew/res tar t Name of Person Resigning)	igned or will withdraw/resign is: 03:05:2024	1 2 4 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
AMBR	(Print Title)	(*;	
of this limited l resignation in v	iability company and affirm the	e limited liability company has been notifie	d of my
Signature of I	H Ragin Baylob Dissociating Member or Resign	Harming Manager	
Filing Fee: Certified Conv	\$25.00 (Required)		