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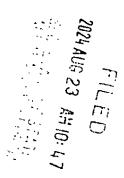
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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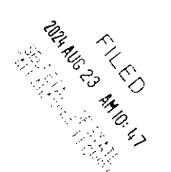
TO: Registration Section Division of Corporations
SUBJECT: Khalitova Jdc (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Oxaua Khalitova (Contact Person)
Khalitova LLC (Firm/Company)
3675 NW 6th Street
Deer field beach, Fl 33442
For further information concerning this matter, please call:
Oxaua Khalitova at 954, 7787079 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\subseteq} \te
Mailing Address: Street Address:

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



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: Khalitova LLC.
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Kha Li + O V a O X Cl ha, hereby withdraw/resign as a (Print Name of Person Resigning)
OWNER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
hel
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional)