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## **COVER LETTER**

TO: Registration Section
Division of Corporations

RELIABLE CODEWORKS 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	
Iryna Zakharkiv	- 177. 12. 23
(Contact Person)	
RELIABLE CODEWORKS LLC	
(Firm/Company)	
1089 NE 204th Ter	
(Address)	
Miami, FL 33179	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, ple	ease call:
Iryna Zakharkiv 3	305 429-5493 )
(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 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

CR2E079 (2/14)



## 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)

	•	s it appears on the records of the Florida Department
of State is:		·
2. The Florida docur 1.24000259724	ment/registration number a	assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/re	signed or will withdraw/resign is:
4. I. Print Na.	me of Person Resigning)	, hereby withdraw/resign as a
Manager	me of resum resigning	
(F	rint Title)	
of this limited liab resignation in writ		he limited liability company has been notified of my
(fg.eary	sociating Member or Resi	
Signature of Dis	sociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)	