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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pace Family L.L. (1, (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:
JOCUME Peterson)
(Firm/Company)
212 Fulton St. Apt 2E
Farming date N. 11735 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (516) 417-2682 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \Boxed{\text{\$\sigma}}\$ \$25 Filing Fee & Certified Copy  \$\Boxed{\text{\$\sigma}}\$ \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1
Mailing 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 comp	pany as it a <sub>l</sub>	opears on the reco	ords of the Florid	a Department
of State is:	ACE FAMI	LY, L	.L.C	<del></del>	
2. The Florida doc	ument/registration nui	mber assign	ed to this limited	liability compan	y is:
1020	0002084	8	_•		
3. The date this me	ember/manager withdr	rew/resigne	d or will withdrav	w/resign is:	4/2023
4. I, \(\sim \)\(\text{CO^\chin}\)\((Print \)\(\lambda\)	Teterson Resigning)	<u>'`</u>	_, hereby withdra	w/resign as a	
	(Print Title)				
of this limited lia resignation in wr	bility company and af iting.	firm the lin	nited liability com	npany has been n	otified of my
\CELA.	i (-) Hense	JN_		r	i
Signature of Di	ssociating Member of	r Resigning	Manager		
	\$25.00 (Required)				
Certified Conv:	\$30.00 (Ontional)				