N5000084246

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. BRUMBLEY
FEB 24 2022



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)

	ument/registration number	assigned to this limited liability company is:
L15000084246	C	
3. The date this mo	ember/manager withdrew/re	esigned or will withdraw/resign is:
AARON CIMA	DEVILLA	, hereby withdraw/resign as a
(Print N	iame of Person Resigning)	hereby withdraw/resign as a
MEMBER		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
	Calle	2022
Signature of Di	issociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	15 AM 8: