## L15000120019

(Re	equestor's Name)	
·	·	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	. #N
(Ci	ty/State/21p/P110116	s #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
ocitified dopies	_ Octanicates	. 01 018183
Special Instructions to	Filing Officer:	
·	ŭ	

Office Use Only



600391838216

08/01/22--01028--018 \*\*55.00

1022 AUG -1 PH 2: 24 DECNATION OF STATE TALLAHASSEF. FL

1027 AUG - 1 PM 2: 2

## **COVER LETTER**

Registration Section Division of Corporations

TO:

	, 0
SUBJECT: (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
100-4 T. Jon (Contact Person)	les
(Firm/Company)	
5145 Timuguana Rd	: #6
Steksonv: 11e 12 30 (City/Synte and Zip Code)	
For further information concerning this matter,	
10ny Jones (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314





## 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 t	he limited Hability company as it	appears on the records of the Florida Department
of State is:	10P Motor	coestions Lic
	•	aned to this limited liability company is:
	5000120079	ned or will withdraw/resign is: 7 - 28 - 2022
3. The date this i	member/manager withdrew/resign	
4. I. 10A	y T. Joeles  It l'ame of Person Resigning)	hereby withdraw/resign as a
Soli	(Print Title)	
		imited liability company has been notified of my
resignation in	writing.	V
	Nony 1. J.	<del></del>
Signature of	Dissociating Member or Resignii	ng Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)