L19000 120 213

(Requ	estor's Name)	1		
(Addre	ess)	· · · · · · · · · · · · · · · · · · ·		
(Addre	ess)			
(City/S	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





300430114413

05/22/24--01005--011 **25.00

PILED
2024 MAY 22 AM 10: 10
ECRETARY SESIME

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sea Plum Sroup LLC (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:
Marco Tellaki (Contact Person)
Seg Paum Grobbill
2525 Militzrytri Sulk III
West Palm Beach FL 33 458 (City/State and Zip Code)
For further information concerning this matter, please call:
May Co Tollaki at (202) 864-9115 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
Mailing Address: Street Address:

Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

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)

•			
	nited liability company as it ap	pears on the records of the Florida	Department
3. The date this member 4. I. Storislava (Print Name) Wayne (Print Name) of this limited liability resignation in writin	er/manager withdrew/resigned Fedinisinec e of Person Resigning)	d or will withdraw/resign is: STORETARY OF SECURITY O	16/24 16/24 HAY 2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		