## LZO 000 146347

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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2020 SEP 21 PH 1: 49

JQ 10/23/20

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
Palm Beach ATM LLC SUBJECT:	
(Name of Limited Liability 6	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Andrew Beckwith	
(Contact Person)	
Palm Beach ATM LLC	
(Firm/Company)	<del></del>
813 Brandon Prescott LN APT 301	
(Address)	<del></del>
West Palm Beach, Florida 33401	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Andrew Beckwith 352 at (	229-3387
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	a Department of State for:
•	ling Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 816
Carramanan, Carraman CT	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)

Palm	limited liability company as	s it appears on the records of	the Florida De	partm	nent 
2. The Florida doct L20000146347	ument/registration number as	ssigned to this limited liabilit	ty company is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resig	08/20/2020 n is:	)	
4. I, <u>()                                   </u>	ROSI  Jame of Person Resigning)	, hereby withdraw/resig	gn as a		
AR	· · · · · · · · · · · · · · · · · · ·				
	• •	ne limited liability company l	has been notifi		my
Signature of Di	ssociating Member or Resig	gning Manager	TALLA!	2020 SEP ;	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RY OF STAI HASSEE, FL	21 PM 1:4	