LZZ000034461

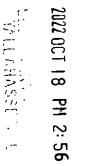
(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Pack Aco	demy LLC Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Jeannine Wilman (Contact Person)	
Pack Acade my LLC (Firm/Company)	<u>~</u>
1844 NW 109th Are (Address)	
Plantston FL 3332 (City/State and Zip Code)	<u></u>
For further information concerning this matter, p	lease call:
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the [X] \$25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (2/14)

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303



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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 company as it appears on the records of the Florida Department
of State is: Pack Academy LCC.
2. The Florida document/registration number assigned to this limited liability company is:
L22000034461
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{9/27/202}{202}$
4. I, Brana Alamo, hereby withdraw/resign as a (Print Name of Person Resigning)
Manager/Owner. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Balans
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)