VU)

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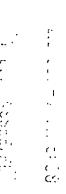
(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
Certified Copies Certificates of Status	
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10/07/24--01014--017 **25.00



COVER LETTER

Division of Corporations		
FW SUPPLY LLC SUBJECT:		
	f Limited Liability Co	ompany)
The enclosed member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return all correspondence concert	ning this matter to):
ERIC DORMOY		
(Contact Person)		<u>. </u>
(Firm/Company)		_
6750 SW 102 TER		
(Address)		
PINECREST, FL 33156		
(City/State and Zip Code)		
For further information concerning this i	matter, please cal	1:
ERIC DORMOY	786 at (210-7388
(Name of Contact Person)	(Area Coc	le & Daytime Telephone Number)
Enclosed please find a check made paya ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

CR2E079 (2/14)



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)

	UPPLY LLC	it appears on the records of the	Florida De	partment
2. The Florida doci	ument/registration number as	signed to this limited liability co	ompany is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is	7/1/2024	
4. I. $\frac{\text{ANGEL MARTI}}{tPrint N}$	NEZ 'ame of Person Resigning)	, hereby withdraw/resign a	s a	
of this limited lia resignation in wr	bility company and affirm the iting. issociating Member of Resign	e limited liability company has	been notifi	ed of my
	\$25.00 (Required)	mig Manager	ć.	22
_	\$25.00 (Required)(\$30.00 (Optional)		Balli Alia SSEE F	2624 GCT = 7 - 8 A - 53 - 9
CR2E079 (2/14)			FT	<u>5</u>