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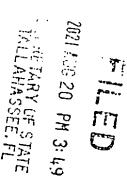
(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phone #	9)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EVR LLC		
(Name of Limit	ed Liability Company)	
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to:	
Jimae Robertson		
(Contact Person)		
EVR LLC		
(Firm/Company)		
16715 SW 80th Ave (Address)		
(Madicas)		
Palmetto Bay Fl 33157		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
	. (205	
Jimae Robertson (Name of Contact Person)	at (305) 251-6044 (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	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
I WILMINGOOD, I ZI JAJI I	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)

1. The name of the	e limited liability company as	s it appears on the record	ls of the Floric	la Dep	artment
of State is: <u>EVR</u>	LLC				
2. The Florida doc	ument/registration number a	ssigned to this limited lia	ability compar	ny is:	
L03000042345		·	, ,,,	202	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/i	resign is: Marc	h 25;720	021 "7";
4. I, Lawrence F. Ro	bertson	, hereby withdraw/	/resign asa ₹	20 F	اسلما استام
Member	Name of Person Resigning) (Print Title)		EE, FL	PM 3: 50	Ö
of this limited lia resignation in w	bility company and affirm the	he limited liability compa	any has been i		d of my
Arwoo A	Relactor				
Signature of D	issociating Member or Resig	gning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				