104000058226

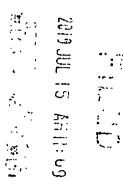
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: The Backing Ark Unleashed 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:				
Bernard Sutter (Contact Person)				
Account Un US Inc (Firm/Company)				
1207 Illinois Ave. (Address)				
St. Cloud FL 34769 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Tamia Van Nest at (407) 892-1266 (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 \$\sum \\$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

Fore total



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	limited liability company as it appear	ars on the records of the Florida Department
of State is: The		ed LLC (name change 4-10-19)
L04000	058226	
	•	will withdraw/resign is: 1-1-11
4. I, <u>Donna</u> (Prini N <u>Share</u> h	Mazzaco, h 'ame of Person Resigning) Older (Print Title)	ereby withdraw/resign as a
	bility company and affirm the limite	d liability company has been notified of my
Signature of D	ssociating Member or Resigning Ma	nager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

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