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TALLAHASSEE, FLORIDA

30

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Licensed Pro Advantage, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Douros

(Name of Person)

(Firm/Company)

1915 Coles Rd

(Address)

Clearwater Florida 33755

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daniel Douros

(Name of Person)

at (813)

416-0547

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Mark A. Schoeppner, hereby resign as Manager/Member
(Title)

of Licensed Pro Advantage, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

Mark Schoeppner

(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314