## -L05000911092

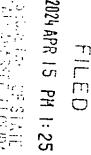
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
HORNE			
7.1. 22 Jak			
J. HORNE APR 25 2024			

Office Use Only



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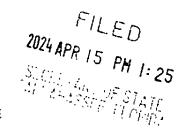


## **COVER LETTER**

TO: Registration Section Division of Corporations		
NEWMAN KIDS LLC SUBJECT:		
(Name of Limit	ted Liability Cor	mpany)
The enclosed member, resignation or dissocia	ition and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
PAUL E. NEWMAN		
(Contact Person)		<del>-</del>
(Firm/Company)		_
1130 SOUTHWEST LIGHTHOUSE DRIVE		
(Address)		_
PALM CITY, FL 34990		
(City/State and Zip Code)		<u>-</u>
For further information concerning this matte	r, please call:	
PAUL E. NEWMAN	772 at (	287-5058
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to		Department of State for: g 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, FL 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)

	limited liability company as i	t appears on the records of the Florida Department
2. The Florida docu	ument/registration number ass	signed to this limited liability company is:
		gned or will withdraw/resign is: 3/12/2024
Member and Man		
of this limited lial resignation in wri		limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	