L05000116128

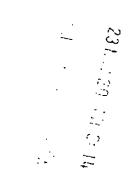
(Re	equestor's Name	e)
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	ame)
(Document Number)		
Certified Copies	_ Certificat	es of Status
Special Instructions to Filing Officer:		
		J POSTE
		J. MORME DEC - 8
·-		

Office Use Only



500419223575

11/20/23--0101?--004 **25.00

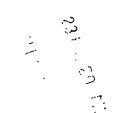


COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT:		
	(Name of Lii	mited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to):
KATI	ILEEN RAFAEL		
	(Contact Person)		_
BRID	GES PROFESSIONAL SERVICES		
	(Firm/Company)		-
7 WES	ST 41ST AVE PMB 512		
	(Address)		_
SAN N	MATEO, CA 94403		
	(City/State and Zip Code)		_
For fu	arther information concerning this man	tter, please cal	l:
KATF	ILEEN RAFAEL	650 at (533-9288
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclo	osed please find a check made payable	to the Florida	Department of State for:
= \$2	5 Filing Fee	□ \$55 Filii	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	rananassee, FL 32314		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)

	limited liability company as it appears on the records of the Florida Department 1. LLC
2. The Florida docu L05000116128	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, NAEEM KATH	, hereby withdraw/resign as a,
MEMBER/MANA	
	Dility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)