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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Elp/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: (Name of Limited Liability Com	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
MICHAEL GOLDSTRIN (Contact Person)	-
Krykling Paiheno	-
G423 Town Center	Rwy
City/State and Zip Code)	34202
For further information concerning this matter, please call:	
(Name of Contact Person) (Name of Contact Person) (Area Code	والموار المستنبي المتمول والأرا
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	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



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	d liability company as it appears on the records of the Florida De	epartment
		 •
2. The Florida document/r	registration number assigned to this limited liability, company is:	
L0(000	013807.	
3. The date this member/n	manager withdrew/resigned or will withdraw/resign is:	332020
4.1. ala (1)	hereby withdraw/resign as a Person Resigning)	20
Off (-e M)	itle)	723 FEB
of this limited liability of	ompany and affirm the limited liability company has been notific	ed of my
resignation in writing.	ompany and on many many many many many many	3 111
Dealedi	Joloh Ja	AM II: 02
Signature of Dissociat	ting Member or Resigning Manager	
Filing Fee: \$25	5.00 (Required)	
Certified Conv. \$30	00 (Optional)	