

L08000057353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

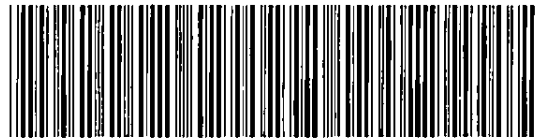
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AUG 21 2024

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STATE OF MICHIGAN



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 appears on the records of the Florida Department of State is: Good Business LLC

2. The Florida document/registration number assigned to this limited liability company is: L08000057353

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2023

4. I, C. John Mason MD, hereby withdraw/resign as a
(Print Name of Person Resigning)

MG/PM-Manager Member

(Print Title)

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

A handwritten signature in black ink, appearing to read "C. John Mason".

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)