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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ABALLI MILNE KALIL, P.A.

Account Number : 073123001732 Phone : (385)373-6600 Fax Number : (305)373-7929

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

email Address: cternancele aballican

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARGARITA BUSINESS, LLC

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T. LEMIEUX
JAN 3 P 2022



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 l	imited liability company as	it appears on the records o	of the Florida Department
of State is:	MARGARITA BUSINESS	, LLC	
2. The Florida docu	nent/registration number as	signed to this limited liabi	lity company is:
L080000	085223	 ,	
3. The date this mer	nber/manager withdrew/resi	igned or will withdraw/res	ign is: <u>January 1, 202</u> 2
4. I, SOLE ADMI (Print No.	N L.L.C. une of Parson Resigning)	, hereby withdraw/res	sign as a
•	Print Title)		
of this limited liab resignation in wri	ility company and affirm th ting.	e limited liability company	y has been notified of my
By: Dirac	Sociating Member or Resigned, Manager	ning Manager	22 JAN
Filing Pce: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		28 /11 ib 4