## L09000058477

(Requestor's Name)				
(Add	ress)			
(Add	iress)	<del></del>		
(City	/State/Zip/Phone	e #)		
PICK-UP	TIAW [	MAIL		
/D	· · · · · · · · · · · · · · · · · · ·			
(Bus	iness Entity Nan	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to F	iling Officer:			
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations

1.

YWC ADMISTRATIVE SERVICES SUBJECT:	S, LLC
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
ISRAEL MATHIAS	
(Contact Person)	
YWC ADMINISTRATIVE SERVICES, LLC	
(Firm/Company)	<del></del>
4683 NW 58 TER	
(Address)	
CORAL SPRINGS, FL 33067	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
ISRAEL MATHIAS	954-829-502 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable a   ■ \$25 Filing Fee	to the Florida Department of State for:   \$\sum \\$55 \text{ Filing 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 a LENE N. MATHIAS	as it appears on the records of the F	Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability co	mpany is:
L09000058477			
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	04/20/2023
4 I MIRLENE MAT	THIAS	, hereby withdraw/resign as	а
(Print N	lame of Person Resigning)	,,	-
MGRM			
	(Print Title)		
resignation in wr		the limited liability company has b	een notified of my
	issociating Member or Resi		
- · <b>G</b>	<u>.</u>		SEERLIA 2023 JUN
	\$25.00 (Required)		KUF KUF KUF
Certified Copy:	\$30.00 (Optional)		~ ~~

Certified Copy: