Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002761613)))



H220002761613ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:_	
tagit	Address:_	_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AREN ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Heip



## 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 of State is: ARI	e limited liability company a		ords of the Florida Department
2. The Florida do- L12000090228	cument/registration number	assigned to this limited	liability company is:
ANGEL AREN	ember/manager withdrew/re		
(Print )	Name of Person Resigning)	. nereby withdraw	wresign as a
of this limited lin resignation in w	(Print Title) ability company and affirm the riting,	he limited liability com	pany has been notified of my
Signature of D	issociating Member or Resig	gning Manager	APPR AI FIL <b>2022 AUG 16</b> SECRETARY IALL AHASSER
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		APPROVED AND FILED IG 16 PM 2: 3 TARY OF STATE MASSEE, FLORES