## L12000 142267

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

Office Use Only



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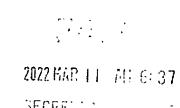


O SIMMONS MAR 24 2022

## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
	Divis	non or Corporations		
SUBJE	ECT:	L24M LLC		
		(Name of Limi	ited Liability Co	mpany)
The en	closec	I member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
Dominic	: Cava <sub>{</sub>	gnuolo		
		(Contact Person)		_
		W: 10		_
		(Firm/Company)		
1413 20	th st#I	18		
		(Address)		_
Miami F	FI 3313	9		
	-	(City/State and Zip Code)		_
For fur	ther ir	nformation concerning this matte	er, please call:	
Anthony	Accet	ta	305 at (	448 4529
	(N	ame of Contact Person)	\	e & Daytime Telephone Number)
Enclose	ed ple	ase find a check made payable to	the Florida I	Department of State for:
□ \$25	Filing	g Fee	■ \$55 Filin	g Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section		Registration Section Division of Corporations
		ion of Corporations Box 6327		The Centre of Tallahassee
	_	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department				
2. The Florida document/registration number assigned to this limited liability company is: 45-4534885					
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:				
4. I. Dominic Cavagi					
Manager					
-	(Print Title)				
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my fiting.				
>-					
Signature of D	issociating Member or Resigning Manager				
~	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				