L13000010384

(Requestor's Name)				
(Address)				
(Address)				
, ,				
(City/State/Zip/Phone #)				
(Oky/State/Elp/1 Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
}				

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SEGRETARY OF STATE
TALLAHASSEE, FL
03/28/72--0308

O SIMMONS
APR 05 2022

COVER LETTER

-	istration Section sion of Corporations				
SUBJECT:	Enet 1, LLC				
(Name of Limited Liability Company)					
The enclose	d member, resignation or dis	sociatio	n and fee	e(s) are submitted for filing.	
Please return	n all correspondence concern	ing this	matter to	o:	
Annika Thiba	ut				
	(Contact Person)	• • • •		_	
Enet 1, LLC					
	(Firm/Company)				
3260 Oleande	r Way				
	(Address)			·	
Pompano Bea	ch, FL 33062				
	(City/State and Zip Code)				
For further i	information concerning this r	matter, p	olease cal	II:	
Annika Thiba	ut	at	954 (3365005	
1)	Name of Contact Person)			de & Daytime Telephone Number)	
Enclosed ple	ease find a check made payat	ble to th	e Florida	Department of State for:	
■ \$25 Filin				ing Fee & Certified Copy	
<u>Maili</u>	ing Address:			Street Address:	
	istration Section			Registration Section	
	sion of Corporations Box 6327			Division of Corporations	
	ahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1 and	midosee, I L J2J17			Tallahassee, FL 32303	

FILED



2022 MAR 28 AM 7: 51

SECRETARY OF STATE TALLAHASSEE, FL

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:		pears on the records of the Florida Department
2. The Florida docu	ment/registration number assigne	d to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned	or will withdraw/resign is: 3-23-2022
Jack Thibaut	ame of Person Resigning)	
Manager	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Print Title)	
of this limited liab resignation in wri		ted liability company has been notified of my
Signature of-Die	ssociating Member or Resigning !	Manager
	/	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	