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(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:	
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SECRETARY OF STATE
TALLAHASSESTATE

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DEC 1 3 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THEMED (REATION) LL (Name of Limited Liabilia	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
TRAVIS MARTIN (Contact Person)	
THEMED (REATIONS LLC. (Firm/Company)	<u>.</u>
6827 SEMINOLE DrivE	<del></del>
BRUASCE, FL 32812 (City/State and Zip Code)	
For further information concerning this matter, please	call:
TRAVIS MARTIN at (93) (Name of Contact Person) (Area	7 ) 210 - 2824 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	ida Department of State for: 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



## FILED

2021 NOV 22 AM 7: 02

SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE LLAHASSEE, FL. 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	limited liability company as it appears on the records of the Florida Department
of State is: TH	EMED CREATIONS LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L14000	0031673
3 The date this me	ember/manager withdrew/resigned or will withdraw/resign is: Nov 4th 202
4 1. CHRISTING	MARTIN , hereby withdraw/resign as a warme of Person Resigning)
MGR-O	Arex (Print Title)
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my riting.
(hat the	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	S25.00 (Required)
Certified Copy:	\$30.00 (Optional)