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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(During Fair Mann)			
(Business Entity Name)			
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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ		
	(Name of Limited Liability Co	mpany)
The en	nclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to:	
Robert	M Bryan	
	(Contact Person)	_
Better	Realty Services LLC	
	(Firm/Company)	
2600 C	Cypress Ridge Blvd. C2	2023 OCT 24 SEGRETARY
	(Address)	- 2 ₄
Wesley	7 Chapel, FL 33544	ус. Ус. то У. Т. Т.
	(City/State and Zip Code)	일 :: 일 ::
For fu	rther information concerning this matter, please call:	nı 🗘
Robert	M Bryan 813	833-7786
		& Daytime Telephone Number)
	sed please find a check made payable to the Florida I 5 Filing Fee S55 Filin	Department of State for: g 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



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)

	e limited liability compan		ds of the Florida Department
2. The Florida doc	ument/registration number	er assigned to this limited li	iability company is:
3. The date this me	ember/manager withdrew	/resigned or will withdraw/	10/18/2023 /resign is:
4. I, Mike Kane (Print I	Name of Person Resigning)	, hereby withdraw	/resign as a
Member			
- · · · ·	(Print Title)	<u>_</u> ·	
of this limited lia resignation in wr	bility company and affirmiting.	n the limited liability comp	eany has been notified of my
Micha	vel Jospek Kane 107	ioop verified 1823 1:36 PM EDT Y-ONOP-1IRA-COTD	2023 (
Signature of D	issociating Member or Re	esigning Manager	2023 OCT 24 STATE THE
	\$25.00 (Required) \$30.00 (Optional)		