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(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:					
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SECRETARY OF STATE
TALLAHASSEE, FL

TITO



722 South Main Street Gainesville, FL 32601 352-448-1094 info@make.work

12/16/2024

To whom it may concern,

I will be resigning from all direct, active roles in Make. Work LLC, effective immediately. Please remove all roles from the LLC and State of Florida SunBiz records.

Sincerely,

Keith Spencer

cc: Mark Davidson, James Izzo, Scott Burgard

2024 DEC 19 PH 4: 21
SECRETARY OF STATI
TALLAHASSEF

COVER LETTER

_	stration Section ion of Corporations				
SUBJECT:	Make.Work, LLC				
0000000	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
Keith W. Spen	cer				
	(Contact Person)		-		
MakeItWork P	artners, LLC				
	(Firm/Company)		-		
6653 NW 35th	Drive		SECF TAI	2024 [
	(Address)		LTA KET/)EC	
Gainesville, FI	. 32653		NLLAHASSEE,	2024 DEC 19 PM 4: 24	
	(City/State and Zip Code)			ž	
For further in	nformation concerning this matte	er, please call:	FL	r: 24	
Keith Spencer		443 at (880-5002		
(N	ame of Contact Person)	_ `` \	& Daytime Telephone Number)		
Enclosed ple	ase find a check made payable to	o the Florida D	Department of State for:		
S25 Filing	g Fee	S55 Filing	Fee & Certified Copy		
Mailli	ng Address:		Street Address:		
Regis	stration Section		Registration Section		
	sion of Corporations		Division of Corporations		
	Box 6327		The Centre of Tallahassee		
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E079 (2/14)



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)

	.Work, LLC nment/registration number a		20:
47-4238447		ssigned to this limited liability company is:	NA DEC
		signed or will withdraw/resign is: November 227 OF COMMENT November 227 OF COMMENT November 227 OF COMMENT November 227 OF COMMENT OF COMMENT	2024
4. I, Keith W. Spence	r	, hereby withdraw/resign as a) Part Table Tab
(Print N	ame of Person Resigning)	E A	: 2
Manager and Mer	mber		f f
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has been notified o	of my
Kun	h.h		
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Contified Const	\$30.00 (Optional)		
Certified Copy:	\$50.00 (Optionar)		