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From:

Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305)372-1350
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
223 NASH, LLC

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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 limited liability company as it appears on the records of the Florida Department of State is: 223 Nash, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000111252

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/12/2024

4. I, Eida Family LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to be "Eida Family LLC", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)