## 

| (Req                                    | uestor's Name)  |             |
|---|-----------------|-------------|
| (Add                                    | ress)           |             |
| (Add                                    | ress)           |             |
| (City                                   | /State/Zip/Phon | e #)        |
| PICK-UP                                 | ☐ WAIT          | MAIL        |
| (Bus                                    | iness Entity Na | me)         |
| (Document Number)                       |                 |             |
| Certified Copies                        | Certificate     | s of Status |
| Special Instructions to Filing Officer: |                 |             |
|   | G. SILAS        | ,           |
|   |                 |             |
|   |                 |             |





11/29/21--01030--009 \*#50.00

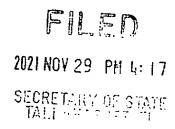


## COVER LETTER

| TO:    | Registration Section                  |          |             | •  |
|--------|---------------------------------------|----------|-------------|--|
|        | Division of Corporations              |          |             |  |
| SUBJ   | JECT:                                 |          |             |  |
|        | (Name of L                            | imited   | Liability ( | Company)   |
| The e  | enclosed member, resignation or disso | ociatio  | n and fe    | c(s) are submitted for filing.                         |
| Pleas  | e return all correspondence concernin | ng this  | matter t    | 0:   |
| Edwa   | rd J. Bartlett, Jr., Esq.             |          |             |  |
|        | (Contact Person)                      |          | _           |  |
| Bartle | π. P.C.                               |          |             |  |
|        | (Firm/Company)                        |          |             | _  |
| 155 F  | ederal Street, Suite 402              |          |             |  |
|        | (Address)                             |          |             |  |
| Bosto  | n, MA 02110                           |          |             |  |
|        | (City/State and Zip Code)             |          | •           | _  |
| For fu | arther information concerning this ma | atter, p | olease ca   | 11:  |
| Edwa   | rd J. Bartlett, Jr., Esq.             | at       | 617         | 904-9424   |
|        | (Name of Contact Person)              |          |             | ode & Daytime Telephone Number)                        |
| Enclo  | osed please find a check made payable | e to th  | e Florida   | a Department of State for:                             |
|        | 5 Filing Fee                          |          |             | ing Fee & Certified Copy                               |
|        |                                       |          |             |  |
|        | Mailing Address:                      |          |             | Street Address:  |
|        | Registration Section                  |          |             | Registration Section                                   |
|        | Division of Corporations              |          |             | Division of Corporations                               |
|        | P.O. Box 6327                         |          |             | The Centre of Tallahassee                              |
|        | Tallahassee, FL 32314                 |          |             | 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 company as it appears on the records of the Florida Department                  |
|---|---|
|   | ument/registration number assigned to this limited liability company is:                            |
| Andrew Weenig                           | k, hereby withdraw/resign as a  Name of Person Resigning)  October, 2021  Name of Person Resigning) |
| Manager                                 | -   |
|   | (Print Title)   |
| of this limited lia<br>resignation in w | ibility company and affirm the limited liability company has been notified of my riting.            |
| ander We                                | an air  |
|   | issociating Member or Resigning Manager   |
| -                                       | \$25.00 (Required)  |
| Certified Copy:                         | \$30.00 (Optional)  |