## 415000154751

(Re	equestor's Name)	· <del>-</del>
(Ac	ddress)	-
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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2021 JUL 12 MHII: 32 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pamos Enter	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
(Contact Person)	
(Firm/Company)	
1221 Attapulaus Hwy	
Qurray FL 32352 (City/State and Zip Code)	
For further information concerning this matte	er, please call:
Edwin Tojada (Name of Contact Person)	at (850) 381-1943 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for:  S55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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	e limited lia	bility company as it	appears on the record	ds of the Florida D	epartn	nent
of State is:	Primos	Enterprises	LLC			<u> </u> .
	ument/regis		gned to this limited li	ability company is	): :	
3. The date this me	ember/mana	ager withdrew/resign	ed or will withdraw/	resign is: <u>5] (</u>	202	<u> </u>
4. 1. <u>() 0 Se</u> (Print )	Munds Name of Perso	on Resigning)	, hereby withdraw/	resign as a		
$-$ man $\alpha$	Print Title)	rtner)				
of this limited lia resignation in wr	bility comp	any and affirm the l	imited liability compa	any has been notif	ied of	my
X				SECRE TALL	2021 JUL 12	
Signature of D	issociating l	Member or Resignin	g Manager	Allas	L 12	G-11-10
Filing Fee: Certified Copy:		(Required) (Optional)		OF STA	AH II: 3;	
		* * *		-	2.	