## 115000213138

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
<b>,</b>			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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1 mils			
(11(11)			

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400418527204

11/05/23--01025--002 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Event Lenve ay (Name of Limited Liability Co	tona Beach LLC
The en	nclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please	return all correspondence concerning this matter to	:
Li	(Contact Person)	
	(Firm/Company)	_
<u> 30</u> 9	52 Teak Ct, (Address)	
D	ultona FL, 32725 (City/State and Zip Code)	_
For fu	rther information concerning this matter, please call	:
Luc	(Name of Contact Person) at (407 (Area Cod	310 - 566 9 re & Daytime Telephone Number)
	sed please find a check made payable to the Florida 5 Filing Fee   \$55 Filing	Department of State for: ng 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

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)

	nited liability company as it appears on the records of the Florient Wence Daytona Brach LL		ment 
2. The Florida docume	ent/registration number assigned to this limited liability compa	ny is:	
L150002	213138		
3. The date this memb	ber/manager withdrew/resigned or will withdraw/resign is: 10	127/2	<u>23</u>
4. I, LUGUIC (Print Name	hereby withdraw/resign as a se of Person Resigning)		
Title M	int Title)		
of this limited liabilities resignation in writing	ity company and affirm the limited liability company has been and the limited liability company has been and liability compa	200 o notified 1:07 - 6	f my
Signature of Disso	ociating Member or Resigning Manager	AH 8: 54	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<del></del>	