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TO: · Registration Section	<i>5</i> ×
Division of Corporations	
SUBJECT: 4 Thumbs Up. LLC	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Laura Fodor, Esq.	
(Contact Person)	
Burns, Figa & Will, P.C.	
(Firm/Company)	
6400 S Fiddlers Green Cir., Suite 1000	
(Address)	
Greenwood Village, CO 80111	
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Laura Fodor, Esq.	303 796-2626
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: I \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SECRETARY OF SIA FALLAHASSEE, FILE

(i)

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appeambs Up. LLC	ears on the records of the Florida Department
2. The Florida docu	ument/registration number assigned	to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned c	or will withdraw/resign is:
	same of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr	,	ed liability company has been notified of my
Gary Goode	U	
Signature of D	issociating Member or Resigning M	lanager
	\$25.00 (Required) \$30.00 (Optional)	