

# L16000075664

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

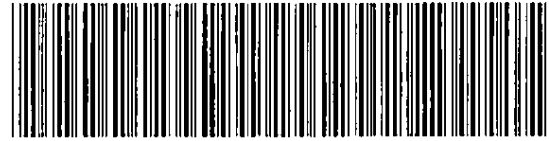
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700410818487

06/20/23--01030--025 \*\*170.00

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a series of loops and a final horizontal stroke.



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)

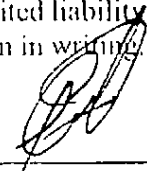
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Your 4D Baby LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L 16000075664

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 26, 2023

4. I, Francisco Contarin, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Authorized Representative CEO  
*(Print Title)*

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

X   
Signature of Dissociating Member or Resigning Manager

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