L16000140158

(Requestor's Name)		
(Address)		
(Address)		
(* lad. 633)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: Negman (Name of Limited	MeHod Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Estre Neuman Ha (Contact Person)	perin
Meuran Nettud (Firm/Company)	
(Firm/Company)	
333 W. 41st Street, S	vite 802
Miarni Beach FC 331 (City/State and Zip Code)	10
For further information concerning this matter,	please call:
Gary Neuman at (Name of Contact Person)	(786) 295_7375 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to tl ☐ \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations 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	limited liability company as it appears on the reco	ords of the Florida Department
of State is:	Jerman Method LC	
2. The Florida docu	ment/registration number assigned to this limited	liability company is:
L1600	20140158	
3. The date this men	mber/manager withdrew/resigned or will withdrav	v/resign is: <u>September</u> 1,2021
	LE Neuman Halpen'n hereby withdraw	•
<u> </u>	Print Title)	· 43
of this limited liab resignation in wri	pility company and affirm the limited liability conting.	npany has been notified of my
60	ac the	
Signature of Dis	ssociating Member or Resigning Manager	9: 145
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	