Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000245821 3)))



H210002458213ABCZ

Note: DO NOT 1	nit the REFRESH/RELOAD button on your browser from this page.
	Doing so will generate another cover sheet.
To:	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email 3	Address:						
---------	----------	--	--	--	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE DISABILITY CHAMPIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUN 2 4 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

15612148442



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 of State is:	limited liability company as it appears on the DISABILITY CHAMPIONS LLC iment/registration number assigned to this limited important to the limite	records of the Florida Depa	irtment SIVISIO
2. The Florida docu	ment/registration number assigned to this lim	ited liability company is:	N OF COR
3. The date this me	mber/manager withdrew/resigned or will with	draw/resign is:	1 9: 4
4. I, ALBERT L FRE	VOLA, hereby with,	ndraw/resign as a	SHC
MANAGER			
	Print Title)		
of this limited lial resignation in wr	pility company and affirm the limited liability iting.	company has been notified	of my
More	7/ ₁	_	
Signature of Di	ssociating Member or Resigning Manager		
	\$25.00 (Required) \$30.00 (Optional)		
Certified Copy:	\$30.00 (Optional)		