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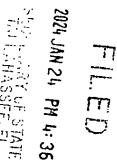
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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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COVER LETTER

Division of Corporations	
SUBJECT: 478 Fieldst (Name of Limited Liability Co.	
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Paul Tateo	<u> </u>
(Contact Person) CO HOCIZONC (Firm/Company)	
661 South Collier B	102
(City/State and Zip Code)	
For further information concerning this matter, please call	:
(Name of Contact Person) at (235)	821 7606 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 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)

1. The name of the	limited liability company:	as it appears on the records of the	e Florida	Departi	ment
2. The Florida doc	ument/registration number	assigned to this limited liability	company	is:	
LI	6000 172 8	326			
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign i	s: <u>Dec</u> as a	. 2c	7 2023
	Member (Print Title)				
of this limited lia resignation in wr		the limited liability company has			[°] my
Signature 1)	ssociating Member or Res	igning Manager	uange	(
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SELLE JAY OF ST	2024 JAN 24 PM 4:	