116000218653

(Requestor's Name)			
(Address)			
(100,000)			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L16000218683	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 03/12/2024
4. 1, ROBERT EUGENE HAMER JR (Print Name of Person Resigning) Authorized Member		
	(Print Title)	
resignation in wr		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	· · ·
		· Fig.

CR2E079 (2/14)