



Office Use Only





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COVER LETTER

| TO: Registration Section | |
|--|--|
| Division of Corporations | |
| Carol Lake , LLC SUBJECT: | |
| | ame of Limited Liability Company) |
| The enclosed member, resignation of | or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence co | ncerning this matter to: |
| Raul Hernandez | |
| (Contact Person) | |
| | |
| (Firm/Company) | |
| 795 Bayside Ln | |
| (Address) | |
| Weston, FI 33326 | |
| (City/State and Zip C | Code) |
| For further information concerning | this matter, please call: |
| Carolina Carletti | 786 428-8220 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made | payable to the Florida Department of State for: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| Tananassee rl. 32314 | 2413 IN MORROE SHEEL SHIPE & I |

Tallahassee, FL 32303



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 a | s it appears on the records of the Florida Department |
|--------------------------------------|--|---|
| 2. The Florida docu 1.16000226183 | ument/registration number a | assigned to this limited liability company is: |
| 4. I, IMPACT MANA (Print N AMBR | GEMENT 795, LLC ame of Person Resigning) (Print Title) | signed or will withdraw/resign is: 03/22/2024, hereby withdraw/resign as a the limited liability company has been notified of my |
| resignation in wr | | |
| | \$25.00 (Required) \$30.00 (Optional) | 763.200 13 800 1 |