# L17000014991

	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE FEB 18 2022				

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2022 FEB -7 AM 9: 14 SECRETARY OF STATE

#### **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	
SUBJ	AGHAPY SPIRIT, LLC	
	(Name of	Limited Liability Company)
The e	nclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to:
Spiro 1	T. Komninos, Esq.	
	(Contact Person)	
Komn	inos Law Firm, PA	
	(Firm/Company)	
4124 V	West Linebaugh Ave.	
	(Address)	<del></del>
Tampa	a, Florida 33624	
	(City/State and Zip Code)	<del></del>
For fu	urther information concerning this n	natter, please call:
spirola	aw@hotmail.com	813 326-7610 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	osed please find a check made payab	ele 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	The Centre of Tallahassee 2415 N. Monroe Street, Suite 8
	Tallahassee, FL 32314	Tallahassee, FL 32303



### FILED

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SECRETARY OF SWIFT FALLABASSES, FIRST

### 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 a	appears on the records of the Florida Department
2. The Florida doci	ument/registration number assig	ned to this limited liability company is:
L17000014991		
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
D & CUATURALIA	1)	
(Print N	ame of Person Resigning)	_ ,
AMBR		
	(Print Title)	
of this limited lia resignation in wr		mited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	<del>-</del>	