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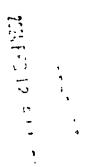
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as	it appears on the records of the F	Florida Department
2. The Florida do L17000036492	cument/registration number as	signed to this limited liability co	mpany is:
		igned or will withdraw/resign is:	09/08/2023
4. I. MARIO E DE (Print	PINHO. Name of Person Resigning)	, hereby withdraw/resign as	a
MEMBER of this limited li resignation in w	ability company and affirm the	e)imited liability company has b	een notified of my
Signature of 1	Dissociating Member or Resign	aing Manager	3
Filing Fee: Certified Copy	\$25.00 (Required) \$30.00 (Optional)		

COVER LETTER

Division of Corporations		
SUBJECT: FIREGRILLS		
	of Limited Liability Co	mpany)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:	
LUCAS PIRES		
(Contact Person)		_
FIREGRILLS LLC		
(Firm/Company)		_
4400 W SAMPLE ROAD, SUITE 146		
(Address)		
COCONUT CREEK, FL 33073		
(City/State and Zip Code)		-
For further information concerning this	matter, please call:	
LUCAS PIRES	305 at (798-6090 _)
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made pay ■ \$25 Filing Fee		Department of State for: g 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