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2020 SEP -2 PM 4: 4

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## **COVER LETTER**

Division of Corporations		
THAT'S TOMORROW'S PRO	BLEM	
	of Limited Liability	Company)
The enclosed member, resignation or d	issociation and fe	ee(s) are submitted for filing.
Please return all correspondence concer	rning this matter	to:
RYAN J O'TOOLE		
(Contact Person)		<del></del>
(Firm/Company)		
955 N ORLANDO AVE APT. 152		
(Address)		<del></del>
MAITLAND, FLORIDA 32751		
(City/State and Zip Code)		<del></del>
For further information concerning this	matter, please ca	ill:
RYAN JOTOOLE	727 at (	7489438
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made paya		•
□ \$25 Filing Fee	<b>■</b> \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 819

Tallahassee, FL 32303

**TO:** Registration Section



## 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)

	Elimited liability company as it a	appears on the records of the Florida Department
2. The Florida docu	ument/registration number assign	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	ed or will withdraw/resign is:
RVAN LOTTOOI		
CEO	(Print Title)	
resignation in wr		mited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	