117000160295

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasmess Zimi, riams)				
(Decument Number)				
(Document Number)				
Confidence of Contract				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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10/07/20--01020--023 **75.00

1.131 -7 1.1 9:00

O SIMMONS HOV 1 4 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Plan B H (Name of Limited Lie	Anagement ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Yuonne Sanandr (Contact Person)	<u>e'j</u>
	in the many
330 SW a street#	203 Penglocall.
For further information concerning this matter, ple	and the state of t
(Name of Contact Person) at (rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee \$	
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

CR2E079 (2/14)



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)

			1
1. The name of the	limited liability company as it ap	opears on the records of the	e Florida Department
of State is:	IAN B MANA	-gement	,
2. The Florida docu	ument/registration number assign	ed to this limited liability	company is: , San
	20160295	-	
3. The date this me	ember/manager withdrew/resigned	d or will withdraw/resign i	s: 09/01/2020
4.1. Pont (Print N	d Son 140 'ame of Person Resigning)	hereby withdraw/resign	as a
HANA	(Print Title)	* 1. 8 Pm. P	
of this limited lia resignation in wr	bility company and affirm the liniting.	nited liability company has	s been notified of my
	A L. Socialing Member or Resigning		
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		