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(((H22000022604 3)))



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP Account Number : I2010000075 Phone : (305)373-9419 Fax Number : (305)373-9443 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** RH 12: 36 Email Address: jb@fiveseasons.com 2022 JAN 18 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOP2SHIP LLC Certificate of Status 0 0 Certified Copy 8 02 Page Count \$25.00 Estimated Charge

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ____

2. The Florida document/registration number assigned to this limited liability company is: £17000215878

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

Abel Horvath

_____, hereby withdraw/resign as a 4.1, _______(Print Name of Person Resigning)

Member-

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

Abel Horneth

Signature of Dissociating Member or Resigning Manager

\$25.00 (Required) Filing Fee: Certified Copy: \$30.00 (Optional)

