

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(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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PRINT OF CORPORATIONS
PROPERTY OF AM ID: 33 1

COVER LETTER

Division of Corporations VeneBitesLLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Lida Yajure (Contact Person) VeneBites. (Firm/Company) 217 East Third Avenue (Address) Tallahassee, Fl 32301 (City/State and Zip Code) For further information concerning this matter, please call: Lida Yajure 850 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable 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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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)

of State is: Vene	Bites			 -
2. The Florida doc:	ument/registration number a	ssigned to this limited liability company	is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	2023	<u>.</u>
4. 1. Wagner Yajure (Print N	ame of Person Resigning)	, hereby withdraw/resign as a		
Authorized Repre	·			
of this limited lia resignation in wr	iting.	ne limited liability company has been no	otifiec	l of my
Signature of Di Filing Fee:	ssocrating Member or Resig	ning Manager	2023 MAY 19	TECRET
Certified Copy:	\$30.00 (Optional)		19 AM 10:	FILED ARY OF ST CORPOR