

(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:					
,					





10/04/21--01045--008 **50.00





COVER LETTER

nited Liability Company)
ciation and fee(s) are submitted for filing.
g this matter to:

ter, please call:
at (904) 6192510
(Area Code & Daytime Telephone Number)
to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
□ \$55 Filling Fee & Certified Copy
Street Address:
Registration Section Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
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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. The name of the	limited liabi	lity company as	it appears on the	records of the Florida Depa	artment
of State is: <u>DUM</u>	PSTER PRO L	LC			 .
2. The Florida docu	ıment/registr	ation number as	signed to this limi	ited liability company is:	
L17000262974			 ·		
3. The date this me	mber/manag	er withdrew/resi	gned or will with	draw/resign is: 9-13-21	
4. I, SONIA CARRO (Print N	LL ame of Person	Resigning)	, hereby with	draw/resign as a	
MEMBER	(Print Title)	·		,	£.
of this limited lial resignation in wr		ny and affirm the	e limited liability	company has been notified	-3
Sonia M. Can	roll	09/15/2021 8:25	5 AM EDT		
Signature of Di	ssociating M	ember or Resign	ning Manager		/ H H : 30
Filing Fee: Certified Copy:	\$25.00 (F \$30.00 (C				