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TALLAHASSEE

COVER LETTER

TO:	Regis	stration Section		•	
	Divis	ion of Corporations			
SUBJ	ECT:	Seminole Escape Games LLC			
		(Name of L	imited	Liability Co	mpany)
The e	nclosed	l member, resignation or disso	ciatio	on and fee(:	s) are submitted for filing.
Please	e return	all correspondence concerning	g this	s matter to:	
Christ	opher To	orchia, Esq.			
	•	(Contact Person)			_
Torchi	ia Law F	irm PA			
		(Firm/Company)			_
522 S	Hunt Cl	ub Blvd PMB 326			
	_	(Address)			_
Apopk	ia, FL 32	2703-4960			
	-	(City/State and Zip Code)			_
For fu	irther ii	nformation concerning this ma	itter, j	please call:	
Christ	opher To	orchia	at	407	869-1004
	(N	ame of Contact Person)	***	· — · — · — ·	e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable			
⊠ \$2	5 Filing	g Fee		3 \$55 Filin	g Fee & Certified Copy
	<u>M</u> ailii	ng Address:			Street Address:
	Regi:	stration Section			Registration Section
		sion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	1 alla	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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SECRETARY OF STATE TALLAHASSEE. FL

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)

	e limited liability company as it appears on the records of the Florida Department note Escape Games LLC
	ument/registration number assigned to this limited liability company is:
Stunbany Carell	ember/manager withdrew/resigned or will withdraw/resign is: March 1, 2022 a Nazari hereby withdraw/resign as a Name of Person Resigning)
Member-	AMBR (Print Title)
of this limited lia resignation in wi	ibility company and affirm the limited liability company has been notified of my iting.
_	Marine)
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)