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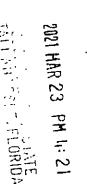
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Title One Team, LLC SUBJECT:	
	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernin	ng this matter to:
Paul M. Pantozzi II	
(Contact Person)	
Title One Team	
(Firm/Company)	
2214 Lucerne Ter., Suite 100	
(Address)	
Orlando, FL 32806	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Paul M. Pantozzi II	407 591-3726 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e 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 P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as it ap		Plorida D	epartmen
	ament/registration number assign	ed to this limited liability co	mpany is	:
L18000173093		•		
3. The date this me	mber/manager withdrew/resigned o. Manager of Alpha Brain Investments ame of Person Resigning)	For will withdraw/resign is: , hereby withdraw/resign as	1/31/2021 a	
(Print N	ame of Person Resigning)	,		
Manager				
	(Print Title)			
of this limited liab resignation in wr	bility company and affirm the limiting.	ited liability company has b	een notif	ied of my
7	1/25/2021		TĂĹĹ	2021
Signature of Di	ssociating Member or Resigning	Manager	-	#
· ·			٠ <u>د</u>	IR 23
Filing Fee:	\$25.00 (Required)		<u>. </u>	70
Certified Copy:	\$30.00 (Optional)		. J. L. FLORID	2021 HAR 23 PM 4: 2