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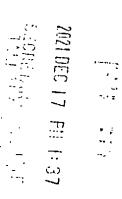
| | equestor's Name) | | | |
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| PICK-UP | WAIT MAIL | | | |
| (Be | usiness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section | | | | |
|--------------------------|------------------------------------|--------------------------|--|--|
|] | Division of Corporations | | | |
| SUBJE | Life of Wonder LLC | | | |
| | | imited Liability Cor | mpany) | |
| The enc | losed member, resignation or disso | ciation and fee(| s) are submitted for filing. | |
| Please re | eturn all correspondence concernin | g this matter to: | | |
| Cathryn S | Smith | | | |
| - | (Contact Person) | | _ | |
| Life of W | onder LLC | | | |
| | (Firm/Company) | | _ | |
| 313 Datu | ra St Suite 200 | | | |
| | (Address) | | _ | |
| WPB FL | 33401 | | | |
| | (City/State and Zip Code) | | _ | |
| For furtl | her information concerning this ma | tter, please call: | | |
| Cathryn S | Smith | 561 at (| 899-6176 _) | |
| | (Name of Contact Person) | | e & Daytime Telephone Number) | |
| Enclose | d please find a check made payable | e to the Florida I | Department of State for: | |
| | Filing Fee | | g 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 | |
| ٦ | 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 a | | ds of the Florida Department |
|---|--|-----------------------------|------------------------------|
| 2. The Florida doc 83-2045790 | ument/registration number a | ssigned to this limited lia | ability company is: |
| 3. The date this me | ember/manager withdrew/re | signed or will withdraw/t | resign is: |
| 4. I, Nicholas Sossamon (Print Name of Person Resigning) | | , hereby withdraw/ | resign as a |
| CFO | | | |
| | (Print Title) | | |
| of this limited lia resignation in wr | | he limited liability compa | any has been notified of my |
| Nicholas So. | ssamon | | 202 |
| Signature of Dissociating Member or Resignature | | gning Manager | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | 2021 DEC 17 PH 1:3 |