L 18000267643

(Re	questor's Name)	
(Ad	dress)	
(Ac	dress)	<u> </u>
(Cir	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bı	isiness Entity Nan	ne)
	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv

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TO: Registration Section Division of Corporations

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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:

German Morales

۰,

(Contact Person)

Bailey Duquette, P.C.

(Firm/Company)

1700 E. Las Olas Blvd, Suite 207

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

 German Morales
 954
 495-9212

 (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

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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CLUBETARY OF STATE ALLARASSEE.FL RTMENT OF STATE

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)

- The Florida document/registration number assigned to this limited liability company is: L18000267643

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

(Print Name of Person Resigning)

AMBR- Tech Innovation Market LLC

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

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