L18000282710

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COVER LETTER

Division of Corporations Imperiale Resource Associates, LLC 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: Delphine Renaldy (Contact Person) Imperiale Resource Associates, LLC (Firm/Company) 353 S Hampton Club Way (Address) Saint Augustine, FL 32092 (City/State and Zip Code) For further information concerning this matter, please call: Delphine Renaldy (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

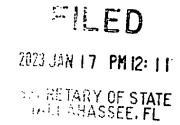
Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section





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 appears on the records of the Florida Department riale Resource Associates, LLC
2. The Florida doc L18000282710	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: December 31, 2022
Sharon Risen	hereby withdraw/resign as a
(Print N	iame of Person Resigning) , hereby withdraw/resign as a
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Sharon S. Risen	<u> </u>
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)