## L19000053791

(Requ	estor's Name)			
(Address)				
(Address)				
(City/S	State/Zip/Phone	#)		
, ,	·	,		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fili	ng Officer:			
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L				





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2024 SEP -4 AM 9: 04



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## FILED

2024 SEP -4 AM 9: 04

TALLAHASSEE FLORIDA

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department				
of State is:	Paisonios	1700	Does	LLC
	ument/registration num	nber assigne	ed to this limited	liability company is:
		_	or will withdraw	/resign is: 07/01/2020
4. 1. <u>SER6</u> (Print A	iD QuinTER	Lo	hereby withdraw	v/resign as a
1	MGR			
	(Print Title)	<u> </u>		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.				
(x / sun-	Corp			
Signature of Di	ssociating Member or	Resigning A	Manager	
	\$25.00 (Required) \$30.00 (Optional)			