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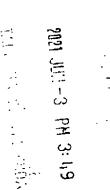
(Requestor's Name)					
(Add	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO: F	Registration Section					
t	Division of Corporations					
SUBJE						
	(Name e	of Limited Liability C	ompany)			
The encl	osed member, resignation or d	issociation and fee	e(s) are submitted f	or filing.		
Please re	eturn all correspondence concer	rning this matter to	o :			
Christoph	er Candino					
	(Contact Person)		_			
	(Fim/Company)					
530 West	Ferry Street					
	(Address)					
Buffalo, N	4Y 14222					
	(City/State and Zip Code)		_			
For furth	er information concerning this	matter, please cal	ļ:	202		
Christoph	er Candino	716 at (487-9424	2021 JUN		
	(Name of Contact Person)		de & Daytime Telep	hone Number)		
Enclosed	l please find a check made paya	able to the Florida	Department of Sta	-		
■ \$ 25 F	iling Fee	🗆 \$55 Fili	ng Fee & Certified	Copy - 3: 19		
_	fulling Address:		Street Address: >	>-		
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	.O. Box 6327		The Centre of Tallahassee			
Ţ	allahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE TO DIVISION OF CORPORATIONS

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 ap	pears on the records of the F	lorida Department
of State is: Evolv	e Development, LLC		· · · · · · · · · · · · · · · · · · ·
2. The Florida doct	ument/registration number assigne	ed to this limited liability cor	npany is:
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:	August 23, 2019
4, 1, Armesha L. Be	ell	. hereby withdraw/resign as	n
(Print N	ell ame of Person Resigning)	,g	
Authorized Memb	ecr .		
	(Print Title)		
of this limited liab	oility company and affirm the limiting.	ited liability company has be	
_	shed. Bell		JE -3
Signature of Di	ssociating Member or Resigning 1	Manager	. PH .
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 3: 49