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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Corryphed memes LLC (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:				
Arlene Prendhommel (Contact Person)				
(Firm/Company)				
18801 NW 24 LOURT				
Pero booke Porton FL 33029 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Aylene Preudhomme at 954, 260-2988 (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 \$\sum \\$55 Filing Fee & Certified Copy				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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)

	mited liability company as it appear		lorida Department
	nent/registration number assigned t	o this limited liability cor	mpany is:
3. The date this men	ber/manager withdrew/resigned or Peudhomme. he of Person Resigning)		10 Hober 8, 202)
	ne of Person Resigning) rint Title)	, c	
	lity company and affirm the limited	d liability company has be	een notified of my
	Ruddonnel sociating Member or Resigning Ma	nager	2022, 1837-4
Filing Fee: Certified Copy:			