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To:

Division of Corporations

Fax Number : (850)617-6383

From:

2022 HAY ST AN IOS 34

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 Prione : (239)344-7417 Fax Number : (888)344-7262

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	ranch239@gmail.com	<u> </u>
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



From: Ismael Cardoso

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

(Pursuant to 605.0216, Florida Statutes)

2. The Florida docu L19000105363	ment/registration number a	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
		hereby withdraw/resign as a
(Print N MANAGING ME		
	Print Title)	
of this limited lial resignation in wri		he limited liability company has been notified of my
intenia il Signature of Di	ilva MeInt ssociating Member or Resi	gn n g Manager
	\$25.00 (Required) \$30.00 (Optional)	