## L19000157239

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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c/ 12/12/2023

## **COVER LETTER**

Division of Corporations	
SUBJECT: Name o	12, LLC (Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
Marla Hanser (Contact Person)	<u> </u>
MUJ2, LLC (Firm/Company)	
1924 Front (Address)	Beach Road
Panama CH (City/State and Zip Code)	1 Beach, FL 32447
For further information concerning this	matter, please call:
Maria Hansen (Name of Contact Person) (String Feed) (String Feed)	(Area Code & Daytime Telephone Number)  334 669 - 600 - 3375  (Area Code & Daytime Telephone Number)  334 669 - 600 - 60
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

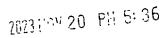
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	1012, LLC
2. The Florida does	ument/registration number assigned to this limited liability company is:
L10	1000157239
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 01 01 2073
4. I. <u>Ooh</u>	not F. Jones , hereby withdraw/resign as a lame of Person Resigning)
	MER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	issociating Member or Resigning Manager
Signature of D	is sociating Meniber or Resigning Manager
Filing Fee:	\$25.00 (Required)
Cerunea Copy:	\$30.00 (Optional)