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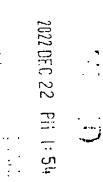
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

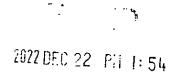
Registration Section TO: Division of Corporations Etchetera SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Tomas Jerna (Contact Person) Etchetera, LLC (Firm/Company) 1312 Anglers Lane (Address) Lutz, FL 33548 (City/State and Zip Code) For further information concerning this matter, please call: 813 300-8664 Tomas Ierna (Area Code & Davtime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

El	the limited liability co CHETERA			ords of the Florida Department
2. The Florida d		number assign	ed to this limite	d liability company is:
			_ •	12/13/2022
3. The date this Joann Ierna	member/manager wi	thdrew/resigne	d or will withdra	iw/resign is:
4. 1.	<u></u>	, hereby withdraw/resign as a		
(Pri) Manager	nt Name of Person Resign	ning)		
	(Print Title)	·		
of this limited resignation in		d affirm the lin	nited liability co	mpany has been notified of my
An	ンズ			
Signature of	Dissociating Member	er or Resigning	Manager	
Filing Fee:	\$25.00 (Requi	red)		

Certified Copy:

\$30.00 (Optional)