L19000164857

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

Office Use Only



500357456245

01/08/21--01018--022 **25.00

2021.55.1 - 8 PH 12: 43

COVER LETTER

| TO: Registration Section Division of Corporations | · |
|--|--|
| EAR-TLC, LLC SUBJECT: | |
| (Name of Limited I | .iability Company) |
| The enclosed member, resignation or dissociation | n and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to: |
| Robert P Regnery | |
| (Contact Person) | |
| (Firm/Company) | |
| 3372 Calle Margarita | |
| (Address) | |
| Encinitas, CA 92024 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, p | please call: |
| Robert P Regnery | 619 417.7785 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the ■ \$25 Filing Fee | ne Florida Department of State for:] \$55 Filing Fee & Certified Copy |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |



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)

| of State is: EAR-TI | nent/registration number assign | ned to this limited liability co | ompany is | - | <u> </u> |
|----------------------|---|----------------------------------|-------------------------|---------------|--------------|
| 1.19000164857 | <u> </u> | | | 202 | |
| 3. The date this mem | ber/manager withdrew/resigne | d or will withdraw/resign is | 12/30/202 | | - |
| 4 1 | Robert E Petersen | . hereby withdraw/resign a | s a | | |
| (Print Nat | Robert E Petersen me of Person Resigning) | <u>_</u> ; 5 | - 33 (次位) (円) (1) | 8 PH12: 43 | Í |
| Manager and/or AP | | | jni. | <u>5</u> | IC. |
| <u> </u> | rint Title) | | J-AFE | ည် | |
| of this limited liab | ility company and affirm the lining. | mited liability company has | been noti | fied of | m |
| Can | H (fétere | | | | |
| Signature of Dis | sociating Member or Resigning | g Manager | | | |
| eu. e | \$25.00 (Required) | | | | |