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SECRETARY OF STAFE ALLAHASSEE, FLORIDA

!1 JUN 15 PH12: 5

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D CONNELL

m/m Resign

· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Plybox LLC (Name of Limited Liabi	En. Com
(Name of Limited Liab)	itty Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Steven Sussman (Contact Person)	<u> </u>
	<u></u>
(Firm/Company)	
18188 Boca way Dr. (Address)	
Book Rutan FZ 33498 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Steven Sussman at (56 (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	
□ \$25 Filing Fee □ \$551	Filing Fee & Certified Copy
Mailing Address:	'-
Registration Section	Street Address:
Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

LLC Withdrawal Form

Withdrawal of Officer, Managing Member or Manager from a LLC

Date: 12/20/2020

1. The name of the limited liability company as it appears on the record books:

PLYBCK LLC

2. The above listed LLC was organized under the laws of the following state:

3. 1, Zacet. , hereby withdrawal as a member of the above mentioned LLC and have notified the LLC in writing of my withdrawal.

Signature of Member to withdrawal

2021 JUN 15 PH 12: 59
SECRETARY OF STATE