# L19 (100183238

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SECULIARY OF STATE

#### **COVER LETTER**

_	stration Section ion of Corporations			
SUBJECT:	EDGE DANCE STUDIOS, LLC			
SOBJEC1.	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissoc	iation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
HALEY P MII	LLER			
	(Contact Person)			
EDGE DANC	E STUDIOS. LLC			
	(Firm/Company)		_	
870 S SUN DE	R STE 1000			
	(Address)	· <u> </u>	and the second s	
LAKE MARY	r. FL 32746			
	(City/State and Zip Code)		_	
For further in	nformation concerning this mat	ter, please call:		
HALEY P MI	LLER	407 at (	322-1160	
(1)	lame of Contact Person)		e & Daytime Telephone Number)	
Enclosed plo	ease find a check made payable g Fec		Department of State for: g Fee & Certified Copy	
Regi Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



## FILED

#### 2022 MAY 18 AM 8: 44

SECRETARY OF STATE TALLAHASSEE, FL

### 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)

	limited liability company as it appears on the records of the Florida Department EDANCE STUDIOS, LLC
of State is:	E DANCE STUDIOS, LLC
2. The Florida doc L19000183238	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: MAY 15, 2022
4. I, JACOB D MILE	
MANAGER	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssocrating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)