119000224520

(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:
İ

Office Use Only



600372472146

09/07/21--01012--025 **25.00

FILED ©
2021 SEP -7 AM 9: 04
SECOLATION OF STATE

.... m.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palace Partners La (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to:	
Palace Person) Palace Partners LLC (Firm/Company)	
Mirana Bunk FL 32550 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (214) 984-4 (Area Code & Daytime Telepho	S 7 L one Number)
Enclosed please find a check made payable to the Florida Department of State \$25 Filing Fee \$\square\$ \$25 Filing Fee \$\square\$ Certified \$\square\$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TalTallahassee, FL 323142415 N. Monroe STallahassee, FL 3Tallahassee, FL 3	orations Iahassee Street, Suite 810



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	s it appears on t	he records of the F	-lorida De	partm	ent
of Statution 1	clave Martin 1	م ا				
01 State 18:	CIRCLE INTERPLY					<u>.</u> .
2. The Florida docu	ument/registration number a	ssigned to this l	limited liability co	mmany is:		
		organea to tittle	initied indonity con	rupany is.		
<u> </u>	224520	·				
2. The data this same	and any discount of the state o					
5. The date this me	mber/manager withdrew/res	igned or will w	othdraw/resign is:		_	_
4.1. Janos	ame of Person Resigning)	, hereby w	vithdraw/resign as	$\frac{1}{2}$		
(Print N	ame of Person Resigning)		- Congression	,		
\$10 / 1A	1/11/	. x114	12021			
	ame of Person Resigning) (Print Title)	и) (,	7 - 71			
of this limited list	Lilia					
resignation in wri	bility company and affirm th	e limited habili	ity company has be	een notific	ed of r	ny
ougharon m wh	/ <u>)</u>					
- Ci ami	$-\sqrt{M}$	·		ည	2	
Signature of Di	ssociating Member or Resig	ning Manager		TA:	120	
					SEF	П
Filing Fee:	\$25.00 (Required)			5.3	1 SEP -7	
Certified Copy:	\$30.00 (Optional)			SS O	7	ii
					玉	11
				四部		Ü
				ABASSEE, FL	76	
						GD