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TO: Registration Section Division of Corporations

PRP MANAGEMENT SERVICES, LLC

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:

LOUIS S. WELTMAN

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()	Contact Person)			2	
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	lirm/Company)	· ·		001	
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	(Address)			ۻ	-
LA QUINTA, CA 92253				60	÷
		<u> </u>			
(City	State and Zip Code)				
For further information	concerning this ma	tter, please cal	1:		
LOUIS S. WELTMAN		561	715-8836		
		at ()		
(Name of Con	act Person)	(Area Coo	le & Daytime Telephone Number)		
Enclosed please find a	hoek mudo navablo	to the Florida	Department of State for:		
\$25 Filing Fee	lieek made payable		Beparinen of state for		
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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

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CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA ØR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department PRP MANAGEMENT SERVICES, LLC

of State is:

2. The Florida document/registration number assigned to this limited liability company is: 1.19000245562

NOVEMBER 1, 2022

AM 5: 09

- NICOLE WELTMAN
- 4. [._ _____, hereby withdraw/resign as a (Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. 22 OCT

Nicale Weltman

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$\$0.00 (Optional)

CR2E079 (2/14)