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COVER LETTER

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	stration Section sion of Corporations			
SUBJECT:	Sensational Holdings, LLC			
SODULOT.	(Name of L	imited Liability Co	mpany)	
The enclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please return	all correspondence concernir	ng this matter to:	1	
David Blanche	itte			
	(Contact Person)		_	
			E.	P- 2022 A
	(Firm/Company)			UG
4651 SW 51 S	treet Unit 808		ALLAHASSES, F	2022 AUG -4 AM 9: 54
	(Address)			ي ج
Davie, Fl. 333	14		F. to	15
	(City/State and Zip Code)		_	
For further i	nformation concerning this ma	atter, please call:	:	
David Blanche	ette	954 at (709-7408	
(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)	•
Enclosed ple ■ \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	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 lin	nited liability company as it a	ppears on the records of the l	² lorida	-	tment
of State is:	nal Holdings, LLC		<u> </u>	2022	<u>i</u> _
	ent/registration number assigr	ned to this limited liability co	L Apany	 IL	
4. I, Rhonda Blanchette	per/manager withdrew/resigne	d or will withdraw/resign is: _, hereby withdraw/resign as		9: 2 1	—
of this limited liabilities ignation in writing	int Title) ily company and affirm the ling. ciating Member or Resigning		een not	ified (of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				