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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
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COVER LETTER

TO: Régistration Section Division of Corporations	
VENET LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
DANILO LOPEZ	
(Contact Person)	
VENET LLC	
(Firm/Company)	
470 EAST DOUGLAS RD	
(Address)	
OLDSMAR, FL 34677	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
DANILO LOPEZ	201 4551148 t()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327 Division of Corporation The Centre of Tallahas	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATIFALL AHASSEE, FLORIDA 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 Departmen
2. The Florida doc	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7/31/2023
4. I. ELIZABETH JA	, hereby withdraw/resign as a aame of Person Resigning)
AMBR	
	Print Title;
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my
Elizobeth	ssociating Member or Resigning Manager
Signature of D	sseciating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)