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COVER LETTER

Division of Corporations
SUBJECT: May flower Office PULC. (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:
NINU (PAUUIO) (Contact Person)
Menten Law Graphy
777 S. Westmente Dr., Sie 704 (Address)
Altramente Springs, FL 32714 (City/Stalk and Zip Code)
For further information concerning this matter, please call:
NINCI CSUCLEO at (371) 445-1388 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\sim \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

Mailing Address:

TO: Registration Section

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



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 it appears on the records of the Florida Department
of State is:	ayflaver Office, PLIC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L190001.7	90051 S
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 3/3/752 (2)
4. I. <u>1711/00</u>	. hereby withdraw/resign as a man a
<u> </u>	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
M	1
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)