# L19 000 301041

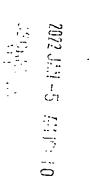
(Re	equestor's Name)	
(Ad	ldress)	
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#### COVER LETTER

TO: Registration Section Division of Corporations

## SUBJECT: Pegasus Management Resources

(Name of Limited Fiability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concern	ning this matter	Io:
Bruce Widzgowski		
(Contact Person)		-
Pegasus Management Resources		
(I um Company)		
1085 Shifoli drive		
(\ddrgss)		
Melbourne Florida, 32940		
(City State and Zip Code)		
For further information concerning this	matter, please ca	all:
Bruce Widzgowski	321	223-8534
	at (	
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florid	a Department of State for:
■ \$25 Filing Fee	□ 855 Fil	ling Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR21.079 (2-14)



#### 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)

of State is:	egasus Management Resources
2. The Florida doc 1.190000301041	cument/registration number assigned to this limited liability company is:
Trade (	3/25/2021
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I.	hereby withdraw/resign as a
(Print Partner	Name of Person Resigning)
	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of n riting.
resignation in w	riting.
resignation in w	las Gardner Dissociating Member or Resigning Manager
resignation in w <i>Nicho</i> Signature of E	riting.