L19000302325

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIS				
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RECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	• • • • • • • • • • • • • • • • • • •
SUBJECT: Prymel Elements, LLC	
(Name o	of Limited Liability Company)
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to:
Allysen Kerr	
(Contact Person)	
Prymel Elements, LLC	
(Firm/Company)	
1600 E 8th Ave, A200	
(Address)	
Tampa, FL 33605	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Allysen Kerr	813 710-0755 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for:
□ \$25 Filing Fee	■ \$55 Filing 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



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)

	limited liability company as	s it appears on the records of the l	Plorida Depar	tment
2. The Florida docu 1.19000302325	ument/registration number a	ssigned to this limited liability co	mpany is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	June 30, 2023	.
_{4. I.} Djeneé [Dunn	, hereby withdraw/resign as	: a	
(Print N	ame of Person Resigning)	, nerecy withdrawiresign as	u	
Principal				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company has b	een notified o	of my
			2	
Djene Dunn (Jun zo, z02.	3 15:55 EDT)		123	Ť.
Signature of Di	ssociating Member or Resig	gning Manager	2023 JUL -6	RETARY
Filing Fee:	\$25.00 (Required)		<u> </u>	<u> </u>
Certified Copy:	\$30.00 (Optional)		AH 10: 2	SIAI IAIS