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COVER LETTER

TO:	-	stration Section sion of Corporations		
SURI	ECT:	Simbiotica LLC		
.,		(Name o	f Limited Liability (Company)
The e	nclosec	l member, resignation or dis	ssociation and fe	e(s) are submitted for filing.
Please	e return	all correspondence concert	ning this matter t	lo:
Stuart	Thorn			
· · · · · · · · · · · · · · · · · · ·		(Contact Person)		
	·	(Firm/Company)		
170 NI	E 2nd St			
		(Address)		
Boca F	Raton Fl.	. 33429		
		(City/State and Zip Code)		
For fu	irther ii	nformation concerning this	matter, please ca	11:
Stuart	Thorn		561 at (6319920
	(N	ame of Contact Person)		ode & Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made paya g Fee		a Department of State for: ing Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, 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)

	e limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc L20000010513	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: 30 Dec 2020
4. 1. Stuart Thorn (Print Name of Person Resigning)		, hereby withdraw/resign as a
AMBR	(Print Title)	
of this limited lia		the limited liability company has been notified of my
Signature of p	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	