L20000023430

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/05/23--01014--001 **50.00

2023 FEB - 5 PH 3: 30

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: (Name of Limited	ts Netwolk, LC Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
ONIA FOX (Corpact Person)	
	unk LLC
9800 S Olan Di	
JONSON BOOCH FL (City/State and Zip Code)	34957
For further information concerning this matter, p	blease call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	e Florida Department of State for: l \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







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:	Inpto Sports Network, UC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
_L200	00023430
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: $2 - 1 - 2023$
4.1. Patric	hereby withdraw/resign as a me of Person Resigning)
	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Patan	ch Aldrin
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)