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To:

Division of Corporations

: {850)617-6383

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC Account Number : 120180000090 
Phone : (407)232-6777 
Far Number : (407)710-0533

\*\*Enter the easil address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emmil Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL EXPERIENCE BUSINESS BUILDER LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## **COVER LETTER**

| TO:            | _        | stration Section                    |        |               |  |  |  |
|----------------|----------|-------------------------------------|--------|---------------|--|--|--|
|                | Divis    | ion of Corporations                 |        |               |  |  |  |
| SUBJI          | ECT:     | ALL EXPERIENCE BUSINESS B           | UILD   | ER LLC        |  |  |  |
|                |          | (Name of Limited Liability Company) |        |               |  |  |  |
| The en         | closed   | member, resignation or disso        | ciatio | on and fee(s  | s) are submitted for filing.                       |  |  |
| Please         | return   | all correspondence concerning       | g this | s matter to:  |  |  |  |
| FELIPE         | E D MA   | RDAKIS                              |        |               |  |  |  |
|                |          | (Contact Person)                    |        | <del></del> - | _  |  |  |
| ASCEN          | T ACC    | COUNTING GROUP                      |        |               |  |  |  |
|                |          | (Firm/Company)                      |        |               | _  |  |  |
| 734 W          | SAND     | LAKE RD STE 209                     |        |               |  |  |  |
|                |          | (Address)                           |        |               | _  |  |  |
| ORI.AI         | NDQ/FI   | L 32819                             |        |               |  |  |  |
|                |          | (City/State and Zip Code)           |        |               | _  |  |  |
| For fu         | rther in | nformation concerning this ma       | tter,  | please call:  |  |  |  |
| FELIPE         | E MAR    | DAKIS                               | ១វ     | 407           | 232-6777   |  |  |
|                | (N       | ame of Contact Person)              |        |               | & Daytime Telephone Number)                        |  |  |
| Enclos         | ed ple   | ase find a check made payable       |        |               |  |  |  |
| □ <b>\$</b> 25 | Filinį   | g Fee                               |        | 355 Filin     | g Fee & Certified Copy                             |  |  |
|                |          | ng Address:                         |        |               | Street Address:                                    |  |  |
|                |          | stration Section                    |        |               | Registration Section                               |  |  |
|                |          | sion of Corporations                |        |               | Division of Corporations The Centre of Tallahassee |  |  |
|                |          | Box 6327                            |        |               | 2415 N. Monroe Street, Suite 810                   |  |  |
|                | Talla    | hassee, FL 32314                    |        |               | 2413 IN, MIORIOG SUEGI, SUIIC OIL                  |  |  |

CR2E079 (2/14)

Tallahassee, FL 32303

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## 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)

| 2. The Florida docu                         | I. EXPERIENCE BUSINESS                                | assigned to this limited liability con | npany is:   | <b>⊸</b> '       |  |
|---|---|--|-------------|------------------|--|
| L20000029651                                |   | ·                                      | FROSTY LLC  |                  |  |
| <ol><li>The date this me</li></ol>          | mber/manager withdrew/res                             | signed or will withdraw/resign is:     |             | _                |  |
| FROSTY LLC (Print Name of Person Resigning) |   |  |             |                  |  |
| (Print N                                    | ame of Person Resigning)                              |  |             |                  |  |
| MGR   |   |  |             |                  |  |
|   | (Print Title)   |  |             |                  |  |
| of this limited lia<br>resignation in wr    |   | he limited liability company has be    |             |                  |  |
|   | issociating Member or Resignation - ON BEHALF OF FROS |  | 2022 APR 21 | - سر <del></del> |  |
|   |   |  | PH 2: 2     |                  |  |
|   | \$25.00 (Required)                                    |  |             |                  |  |