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R. WHATE MAR 1 6 2020

COVER LETTER

Division of Corporations	
SUBJECT: EDIFICIUM INT	ENNATIONAL DRIVE LLC
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	x:
JEREMY THAKURDIN, ES	<u>SQ</u> .
(Гіть Сотрину)	_
1844 BAILLIE GLASS LAN	JE, SUITE 101
OR (ANDO, FL 32835 (City/State and Zip Code)	
For further information concerning this matter, please call	l:
JEREMY THAKURDIN (Area Cook	107 285-46 5 7
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



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)

1. The name of the limited liability company as it appears on the records of the Florida Department	
of State is: EDIFICIUM INTERNATIONAL BRIVE	LLC
2. The Florida document/registration number assigned to this limited liability company is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{2}{i3}$	
4. I. No RMAN PERE 4. hereby withdraw/resign as a (Print Name of Person Resigning)	
MEMBER (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	1,723
Signature of Dissociating Member or Resigning Manager	IN S
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	11:55

CR2E079 (2/14)