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COVER LETTER

Division of Corporations	
SUBJECT: Sent Done S (Name of Limited	ervices (LC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Rogar Schultz (Contact Person)	
(Firm/Company)	
128 BARberton Rd (Address)	
128 BARberton Rd (Address) LAKe Worth F/ 334((City/Slate and Zip Code)	<u> </u>
For further information concerning this matter,	please call:
Regar Schrelt at (Name of Contact Person)	(<u>567</u>) <u>357 - 9 ×12</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2022 OCT -6 PM 1:13

TALLAHASSEE FL

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: Sentinel Drone Services UC.
2. The Florida document/registration number assigned to this limited liability company is:
420000064553
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $1 \propto + 2022$
4. I. Roger Schulf 2
MGR (Print Tule)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
BS
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)