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COVER LETTER

TO: Registration Section Division of Corporations	4
Inner Werkz LLC SUBJECT:	
	of Limited Liability Company)
The enclosed member, resignation or d	lissociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:
Willie Steadman	
(Contact Person)	
Inner Werkz LLC	
(Firm/Company)	
826 North John Street Suite 205	
(Address)	
Orlando FL	
(City/State and Zip Code))
For further information concerning this	s matter, please call:
Willie Steadman	407 407-871-9716 at ()
(Name of Contact Person)	at () 407-871-9716 (Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	yable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81 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 as	it appears on the records of the Florida	ı Department
2. The Florida doc 1.20000081064	ument/registration number as	ssigned to this limited liability company	y is:
Twentity William	ne	igned or will withdraw/resign is:	2020
4. 1,(Print ! A Member /CEO	Name of Person Resigning)	, hereby withdraw/resign as a	
resignation in wi	- · · · ·	ne limited liability company has been no	otified of my
	\$25.00 (Required) \$30.00 (Optional)		23 F3 9:59