

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20001741993**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

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

Email Address: KD@CohenNorris.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA PRINT CENTER LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

#22000 1741973

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA PRINT CENTER, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karin Drakas, Paralegal

(Contact Person)

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen

(Firm/Company)

712 U.S. Highway One, Suite 400

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Karin Drakas

(Name of Contact Person)

561

844-3600

at (

) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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

RECEIVED



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: FLORIDA PRINT CENTER, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L20000161993
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/29/2022
4. I, JOSHUA D. THOMAS, hereby withdraw/resign as a
(Print Name of Person Resigning)
MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Joshua D. Thomas
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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