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08/26/2021 TH

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLOTCICTICA (Name of Limited I.	
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Stephane M. Genso	
(Firm/Company)	·
3520 NW Treasure COOST	Drive, 17P+ 205
Jensen Beach, FL, 3495 (City/State and Zip Code)	7
For further information concerning this matter, ple	ease call:
Stephenie Gena C at (Name of Contact Person)	561 255-9272 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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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)

1. The name of the limit	ed liability company as it appears on the records of the Florida Department
of State is:	FLOFACTION 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: $\frac{2921}{}$
4.1. Stephenie (Print Name o)	Person Resigning). hereby withdraw/resign as a
COO P	Title)
of this limited liability resignation in writing.	company and affirm the limited liability company has been notified of my
(Wtall	i Many
Signature of Dissocia	nting Member or Resigning Manager
Filing Fee: \$2 Certified Copy: \$3	25.00 (Required) 30.00 (Optional)