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COVER LETTER

то:	Registration Section Division of Corporations								
SUBJ	ECT:	Lomi	and (Name of Lir	Opal, L mited Liability Cor	npany)				
The e	nclosed men	ber, resignatio	n or dissoc	ciation and fee(s	s) are submitted for filing.				
Please	e return all co	orrespondence	concerning	g this matter to:					
	Kris	Fine Da (Contact Person	1ton		_				
	Lon	ni and (Firm/Compa	Opal	,46	_				
	_129 F	Fallen T	imbel	rnay	_				
	St. AU	GUSTINE 1 (City/State and Z	FL 3	32084	_				
For fu	irther inform	ation concerni	ng this mat	ter, please call:					
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	sed please fi 5 Filing Fee	nd a check ma	de payable		Department of State for: g Fee & Certified Copy				
	P.O. Box 6	n Section f Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

	limited liability com		•	ds of the Florida	a Depar	tment
of State is:	omi and	<u>Opal</u>	ILLC			
2. The Florida doc	ument/registration nu	mber assigned	I to this limited I	iability compan	y is:	
Lapo	0024571	4				
3. The date this me	mber/manager withd	rew/resigned	or will withdraw	/resign is: 3	15 a	
4. I. 1. (Print N	Benoni iame of Person Resigning	<u>S</u> ,	hereby withdraw	/resign as a		
	GR (Print Title)					
	bility company and a	ffirm the limi	ted liability comp	pany has been no	otified c	of my
resignation in wr	iting.			TALL	2021	
ManaBe	enoni's			AL AL	2021 HAR 19	
Signature of Di	issociating Member o	r Resigning A	lanager	01 61 11 11	•	i [
	#25 00 (# 2)			, F. 0-	1 : 1 WV	
~	\$25.00 (Required \$30.00 (Optional			72.25 72.75 73.75	; :	
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