L20000276338

(Req	questor's Name)	
(Add	lress)	
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PICK-UP	☐ WAIT	MAIL
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men/Resign, 8/18/22 DC

COVER LETTER

•	stration Section sion of Corporations		
SUBJECT:	LOVE GIVE PLAY LLC		
		f Limited Liability Co	ompany)
The enclosed	d member, resignation or dis	ssociation and fee((s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	:
AHMED AN	ΓAR		
	(Contact Person)		_
	(Firm/Company)		
601 NE 2ND 1	PL		
	(Address)		_
DANIA, FL 3	3004		
	(City/State and Zip Code)		
For further i	nformation concerning this	matter, please call	:
AHMED ANT	ľAR	305 at (915-9181
(1)	lame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple ■ \$25 Filin	ease find a check made paya g Fee		Department of State for: ng Fee & Certified Copy
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 32303

CR2F079 (2/14)



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 company as it appears on the records of the Florida Department E GIVE PLAY LLC
2. The Florida doc 1.20000276338	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 4/27/2022
AHMED ANTA	
MANAGER	
 	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	A-Autar
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
centifica copy.	weaker (Optional)