## h20000317673

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(Address)					
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C. BRUMBLEY
MAR 1 5 2022

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Discount Hearing, LLC		
	(Name of Limite	ed Liability Cor	npany)
The er	nclosed member, resignation or dissociat	tion and fee(s	s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to:	
Alex C	. Najarian, Esq.		
	(Contact Person)		_
The Co	orneal Law Firm		
	(Firm/Company)		-
509 An	nastasia Blvd.		
	(Address)		_
St. Aug	gustine, FL 32080		
	(City/State and Zip Code)		_
For fu	rther information concerning this matter	, please call:	
Alex C	, Najarian, Esq.	904 at (	819-5333
	(Name of Contact Person)	(Area Code	_)
	sed please find a check made payable to 5 Filing Fee		Department of State for: 3 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



## 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 a	as it appears on the records of th	e Florida Department		
of State is: Disco	ount Hearing, LLC		·		
2. The Florida docu L20000317673	ument/registration number	assigned to this limited liability	company is:		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign	is:		
4. I. Michaella Gray		hereby withdraw/resign	. hereby withdraw/resign as a		
(Print N	ame of Person Resigning)	hereby withdraw/resign			
Manager					
	(Print Title)		20		
of this limited liab resignation in wr		the limited liability company ha	+ -		
Signature of Di	ssociating Member or Res	igning Manager	AHO: 18		
	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				