## LZO 000368810

(Req	uestor's Name)	
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SECRETARY OF STATE
TALLAHASSEF, FI

O SIMMONS FEB 2 3 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Jonix Equipment Be (Name of Limited Liability)	Company)
The er	nclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning this matter	to:
	(Contact Person)	
	Sonix Equipment Prentals (Firm/Company)	<del></del>
70	(Address)	
_00	orth Landeratate/FL 3306. (City/State and Zip Code)	<u>1</u>
For fu	rther information concerning this matter, please ca	all:
4	(Name of Contact Person) at (454)	) 501 (1825) ode & Daytime Telephone Number)
	sed please find a check made payable to the Florid 5 Filing Fee	a Department of State for: ling 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 as it appears on the records of the Florida Department
of State is: Sonx Earpenent Fentals
2. The Florida document/registration number assigned to this limited liability company is:
85-4153932
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/05/2072
4. I, Arick Para , hereby withdraw/resign as a (Print Name of Person Resigning)
Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
A. C.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)