

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001958943)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corpo	orations		
		(850)617-6383		
From	Account Name : Account Number : Phone : Fax Number :	I20130000007 (786)439-9847	LLC	
**Enter the annua	e email address for a report mailings. En	this business en nter only one en s: sergueipm@gn	ail address ple	for future ase.**
	Email Addres:		_	
L	LC AMND/RESTAT NE	E/CORRECT ( W PAMPA LLC	OR M/MG RESI	GN
				20
	Certificate of Status	S	0	22 JU
	Certified Copy		0	
-	·		0	FILED

Electronic Filing Menu Corporate Filing Menu

Help JUN - 6 2022 K. Brumbley To:

17863333333



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: \_\_\_\_\_ \_\_\_\_\_
- 2. The Florida document/registration number assigned to this limited liability company is: 1.21000012282
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 3, 2022

.

4. 1, <u>COLMAN, LUCRECIA M</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

MGR.

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Dissociating Member or Resigning Manager

Signature.

.022 JUN -6 AM 11:2