## L21000014822

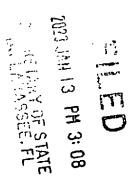
(Requestor's Name)				
(Addr	ess)			
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(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Busir	ness Entity Nar	ne)		
(Docu	ment Number)			
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Special Instructions to Fil	ing Officer:			
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## **COVER LETTER**

•	istration Section ision of Corporations		
SUBJECT	RELIS LLC		
be bune.		Limited Liability C	ompany)
The enclose	ed member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to	o:
MARIE THO	NPSON		
	(Contact Person)		<del></del>
RELIS LLC			
	(Firm/Company)		<del></del>
150 1/2 / TO	MOKA AVE		
	(Address)		
ORMOND B	EACH FL 32174		
	(City/State and Zip Code)		_
For further	information concerning this r	natter, please ca	H:
MARIE THO	OMPSON	386 at (	589 4192
(	Name of Contact Person)		de & Daytime Telephone Number)
	lease find a check made payal		
■ \$25 Fili	ng Fee	□ \$55 FII	ing Fee & Certified Copy
	ling Address: gistration Section		Street Address: Registration Section
_	ision of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Tall	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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EILED 2023 JAN 13 PH 3: 08

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 S LLC	it appears on the records of the Florida Department
2. The Florida doc L21000014822	ument/registration number as	signed to this limited liability company is:
LICOLARDE LAN	ACNIZA CIL ED	gned or will withdraw/resign is:  , hereby withdraw/resign as a
Registered Agent	(Print Tüle)	
resignation in wi		e limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	