

h21 0000 17209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

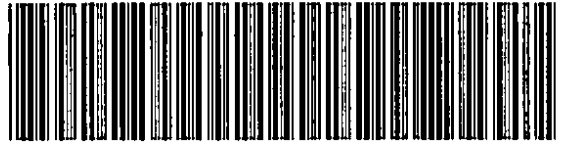
(Document Number)

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02/28/22-- 01025--007 \*\*25.00

02/28/22  
11:00 AM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The 8 Limb Agency  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brittney S. Coates  
(Contact Person)

The 8 Limb Agency, dba Funky Mudra  
(Firm/Company)

1631 S Federal Hwy #106  
(Address)

Pompano Beach, FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brittney Coates at 386 479-1117  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing 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



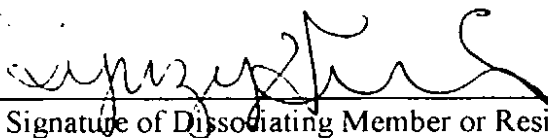
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: The 8 Limb Agency, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
1.21000017209
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/31/2022
4. I, Lynzy Ferris, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)