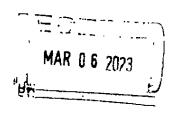
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ottyrotate/Ziph Hotte III)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



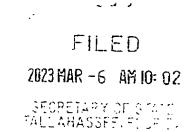
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SECRETARY OF STALE







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:	oys Cafe ILC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
121	06:0018209
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{2/24/2023}{}$
	Redriguez hereby withdraw/resign as a ame of Person Resigning)
Manag	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my iting.
/(
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)