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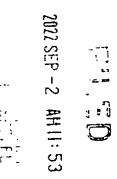
(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	siness Entity Name)			
(Document Number)				
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COVER LETTER

Division of Corporations			
SUBJECT: Beyond OUSOUTEING, [C (Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing	<u>,</u>		
Please return all correspondence concerning this matter to:			
Ashtey myers (Contact Person)			
Beyond Outswring, UC (Firm/Company)		2022 SEP	• वाना •
14358 Finsburg Dr (Address)		-2	j o
Spring Hill IFL 34609 (City/State and Zip Code)	<u>:</u> . <u></u> -	AH II: 53	

For further information concerning this matter, please call:

Ashley Myers at (127) 333-0376 (Area Code & Daytime Telephone Number)

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 compar	ny as it appears on the	e records of the	Florida	ı Depar	tment
of State is: Bo	JUND (XUTSUL	zing, LLC			·	 ·
2. The Florida docu	ment/registration numb	er assigned to this lin	mited liability co	ompany	y is:	
86-2134	690	·				
	mber/manager withdrev				61/2	2022
4. I, <u>Conce</u> (Print N	etta Hur ame of Person Resigning)	+, hereby wi	thdraw/resign as	s a	•	
M	(Print Title)	<u>_</u> :				
of this limited lial resignation in wr	pility company and affiniting.	m the limited liabilit	y company has l	oeen no	otified o	of my
Cancel	ta V Hur	11				
Signature of Di	ssociating Member or I	lesigning Manager			2022	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			Sec.	2022 SEP -2 AH 11	