## L21000128396

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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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## 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)

	mited liability company			rida Depar	tment
of State is:	3 Enterpris	3es (1), L	<u> </u>		·
2. The Florida docum	nent/registration numbe	er assigned to this limi	ted liability comp	oany is:	
	1128396	·		ı <b>l</b>	
3. The date this mem	ber/manager withdrew	resigned or will without	lraw/resign is: 📩	5 14	21
4. I. Jackie	L COQUE	5R, hereby with	draw/resign as a		
<u>AR</u>	rini Title) lity company and affiri		- N.E.	2021 1	
of this limited liabi	lity company and affire	n the limited liability	company has be	n noti <b>ti</b> ed o	of my
resignation in writi	<sub>де.</sub> //		ن ن ن	<u> </u>	) +40-min
	oper of		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	PM 2:	- ( %) - ( ) ( ) ( ) - ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Signature of Diss	sociating Member or Re	esigning Manager	- Nith	0	
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				