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PICK-UP	☐ WAIT	MAIL
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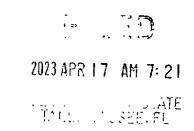
ap lelzilzunz

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: N: A Paythus, UC (Name of Limited Li	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Antonia Martine 2 (Contact Person)	
J: A Partners UC (Firm/Company)	
2049 S Ocean Dr #1005E	,
Hallandale Brach, Fr 3-	3009
For further information concerning this matter, ple	rase call:
AMONIA LLAANZ at (A	1954) 225-1337 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee \$\Bigsiz\$ \$25 Filing Fee	Florida Department of State for: 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)

	limited liability company as it appears on the records of the Florida Department A Partners UC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
4. 1. John EK	mber/manager withdrew/resigned or will withdraw/resign is: 112023 The sum of Person Resigning). hereby withdraw/resign as a
·	Print Title) sility company and affirm the limited liability company has been notified of my
Som?	ssociating Member or resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)