L21000143/26

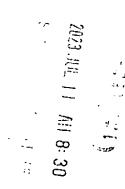
(Requestor's Name)				
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S. CHATHAM AUG 17 2023 07/11/23--01008--007 **25.00



COVER LETTER

Division of Corporations	
Cforth LLC SUBJECT:	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and f	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to:
Charles MeMurry	
(Contact Person)	
McMurry Law Firm	
(Firm/Company)	-
3750 Grove Park Drive	
(Address)	
Tallahassee, Florida 32311	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
Charles McMurry 850 at (425-3000
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori ■ \$25 Filing Fee	ida Department of State for: 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 a PLICHTGO, LLC	appears on the records of the Flor	ida Department
2. The Florida doci	nment/registration number assig	ned to this limited liability compa	any is:
L21000143126			
Charles McMurr	\'	 ed or will withdraw/resign is: , hereby withdraw/resign as a	2023 2023 July 1
	ame of Person Resigning)		
MGR	•		
	(Print Title)		
resignation in wr	iting.	mited liability company has been	nothied.offiny
Canle	ssociating Member or Resignin		
Signature of D	ssociating Member or Resignin	g Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		