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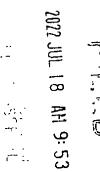
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

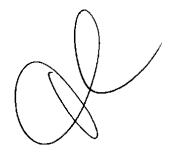
Office Use Only



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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	company as it a	appears on the r	ecords of the	Florida	Depart	tment
of State is:	lelium	Minio	ng and	MAI	age	die w	Ł.L.C
2. The Florida doc	ument/registratio		ned to this limi	ted liability co	ompany	is:	
3. The date this me	ember/manager v	vithdrew/resigne	ed or will withd	raw/resign is	: 7/	<u>8/5</u>	022
4. I, Bre (Print N	nclan U Jame of Person Resi	Miner	_, hereby with	lraw/resign a	s a		
MAA	(19ev (Print Title)						
of this limited lia resignation in wr	bility company a		mited liability o	ompany has			•
i	Dr				<u>. </u>	2022 JUL 18 AM 9:5	المائد. ا
Signature of D	issociating Mem	ber or Resigning	g Manager	_		<u> </u>	- 130 - 130 - 130 - 130
Filing Fee: Certified Copy:	\$25.00 (Requ	uired)			SCT.	AM 9:	
отпис сору.	450.00 (Opti	·····)			, <u>;</u> .	S	