L21000195432

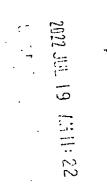
(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	☐ MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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John K. Carter Law, P.A. Working hard for you

July 14, 2022

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please see the enclosed Dissociation or Resignation of Member. Manager from Florida or Foreign Limited Liability Company form and check for \$25.00. Don't hesitate to contact our office at the number listed below if you need anything further. Thank you.

Respectfully, Gabrielle Mientek Legal Assistant John K. Carter Law, P.A. gabrielle@johnkcarterlaw.com 727-456-8970

2022 JUL 19 141111: 22

COVER LETTER

TO:	_	stration Section sion of Corporations			
SUBJ	FCT·	FTLARA LLC			
3000		(Name of Limited Liability Company)			
The er	nelosed	I member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please	return	all correspondence concern	ing this matter to	:	
John K	. Carter				
		(Contact Person)		_	
John K	. Carter	Law			
		(Firm/Company)		_	
9500 K	loger Bl	vd N., Suite 112			
		(Address)		_ .	
St. Pete	ersburg.	Florida 33702			
-		(City/State and Zip Code)		_	
For fu	rther ii	nformation concerning this n	natter, please call	:	
John K	. Carter		727 at (456-8970	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made payab g Fee		Department of State for: ng Fee & Certified Copy	
		ng Address:		Street Address:	
	_	stration Section sion of Corporations		Registration Section Division of Corporations	
	P.O.	Box 6327		The Centre of Tallahassee	
	Talla	hassee, FL 32314		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)

of State is: ITLA			
2. The Florida docu L21000195432	ument/registration number ass	igned to this limited liability o	company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is	05/12/2022 S:
4. I. Ramon Rivera		hereby withdraw/resign	96.9
	ame of Person Resigning)	nercey withdraw/resign a	
Member			2622 JU
	(Print Title)		i .
of this limited lia resignation in wr	pility company and affirm the iting	limited liability company has	been notified of my
DocuSigned by:	,		1: 22
FE4860 Signature of Di	ssociating Member or Resigni	ng Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		