K21 CCC 206032

(Requestor's Name)				
(Address)				
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200372021632

COVER LETTER

TO:	_	tration Section ion of Corporations				
SUBJ	ECT:	CT: LP TEAM MULTISERVICES LLC (Name of Limited Liability Company)				
The er	nclosed	member, resignation or diss	ociation and fee	e(s) are submitted for filing.		
Please	return	all correspondence concerni	ng this matter to) :		
CLAUI	DIA MI	JIA				
		(Contact Person)				
KOSS	LAW F	RM				
		(Firm/Company)				
1453 W	. BUSC	TH BOULEVARD				
		(Address)		maratus		
TAMPA	A, FL.	33612				
		(City/State and Zip Code)				
For fu	rther is	nformation concerning this m	atter, please cal	l:		
CLAUI	DIA ME	ША	813 at (200-6103		
	(N	ame of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclos ■ \$25	-	ase find a check made payab g Fee		Department of State for: ng 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

FILED

2021 AUG 23 PM 4: 05

SECRETARY OF STATE TALLAHASSEE, FL

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

I. The name of the	e limited liability company as i	appears on the records of the Florida Department
of State is: LP T	EAM MULTISERVICES LLC	
L21000206032	cument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is: 08/11/2021
JULLY V. ZAP. 4. I.	ATA	, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	netcoy withdraw/resign as a
	REPRESENTATIVE	
<u> </u>	(Print Tale)	
of this limited lia resignation in wr	ability company and affirm the riting.	limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	