h21000226922

(Re	questor's Name))
———(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	— Filing Officer:	
13		

Office Use Only



200366435992

05/24/21--01017--027 **25.00 TALLAHASSEE!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JUST TEST/NO-LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to:	
DOWALD T FREE MAN (Contact Person)	
JUST TESTING (Firm/Company)	
262 SE ROF MARTIN GUN (Address)	
LATCE CITY FL 32024 (City/State and Zip Code)	
For further information concerning this matter, please call:	
TIM FREE MAN at (954) 214 (Name of Contact Person) (Area Code & Daytime	Telephone Number)
Enclosed please find a check made payable to the Florida Department \$25 Filing Fee & Ce	

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)

1. The name of the li	imited liability company as it a	ppears on the record	ds of the Florida	Department	
of State is: Th	ST TESTING	LLC		···································	
2. The Florida docur	ment/registration number assign	ned to this limited li	ability company	is:	
12100	0226922	_·		121 H	
3. The date this mem	nber/manager withdrew/resigne	ed or will withdraw/	resign is: <u>5/2</u> 6	2021 HAY ST AM	
4. I, <u>KATHEN</u> Print Nat	NE E FREMAN ne of Person Resigning)	_, hereby withdraw	resign as a	AH 9: 32	
MGK	rint Title)		RIUA	32	
	lity company and affirm the lir	nited liability comp	any has been not	ified of my	
Lather	il & Frama	7			
Signature of Diss	sociating Member or Resigning	Мападег			
Filing Fee: \$2 Certified Copy: \$3	\$25.00 (Required) \$30.00 (Optional)				
		PEW	MGVZO	DTFN	EMAN
CR2E079 (2/14)			MOR: DONAL TONO!	Thomas	~