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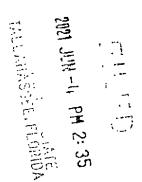
(Requestor's Name)				
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COVER LETTER

Division of Corporations MANNO MULTI SERVICES, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: EMMANUEL PIERRE (Contact Person) MANNO MULTI SERVICES, LLC (Firm/Company) 2625 DANFORTH TERRACE (Address) WELLINGTON, FL 33414 (City/State and Zip Code) For further information concerning this matter, please call: EMMANUEL PIERRE (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee ☐ \$55, Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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 appears on the records of th	ne Florida Department
2. The Florida doc L21000232543	ument/registration number as	ssigned to this limited liability	company is:
3. The date this mo	mber/manager withdrew/res	igned or will withdraw/resign	05/28/2023 is:
4. I, EMMANUEL PIERRE (Print Name of Person Resigning)			
AMBR	unit sy v o oo i resigning		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company ha	is been notified f my
	lun	ME	₩-4
Signature of D	issociating Member or Resig	ning Manager	PH 2:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		: 35