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2024 NOV 14 PM 5: 16 SECREDARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•
Division of Corporations	
SUBJECT: CAIRINONT (Name of Limited)	MEDIATIONS, LLC
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
(Contact Person)	
(Contact Person)	
CLAIRMONT MEDIATIONS (Firm/Company)	, uc
7025 CN467 STET1071 =	+236
LAKE MANY FL 327 (City/State and Zip Code)	φ 6
For further information concerning this matter, p	
Lloyo Green	(407) S90 /7/7 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing 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 Tallahassec 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



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 a		of the Florida Department
2. The Florida doc:	ument/registration number a	assigned to this limited lial	bility company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/re	esign is:
HADVEY COO			
MEMBER	ame of verson kesigning)		
-	(Print Title)		
of this limited lia resignation in wr	bility company and affirm titing.	he limited liability compa	ny has been notified of my
Signature of D	issociating Member or Resi	gning Manager	s 2 0
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2024NOV I 4 PA SECRETARY OF TALLAHASSE