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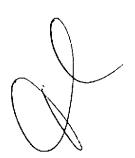
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2022 SEP -6 AH 8: 32



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Me Angry (No. f. 305) 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:			
(Contact Person)			
11) & AllChich (A 305)			
13870 Nt 3, d (+ (Address)		2022 SEP -6	. •
(City/State and Zip Code)	- ·- -		
For further information concerning this matter, please call:		AH 8: 32	ý
(Name of Contact Person) at (TRG) 502-7703 (Area Code & Daytime Telephone Number)	-	32	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigsquare\$ \$55 Filing Fee & Certified Copy			
Street Address:			

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

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)

1. The name of the of State is:	limited liability compan		he records of the F	lorida Dep	oartmer	ıt
L21000	ment/registration number 327311					
4. I. <u>) () () () () ()</u>	mber/mapager withdrew AUL HOUVO The of Person Resigning) Or Print Titles		ithdraw/resign is: _ /ithdraw/resign as :		<u> </u>	122
of this limited liab resignation in wri	pility company and affirm	n the limited liabili	ity company has be	en notifie	d of my 2022 SI	·
Signature of Di	ssociating Member or Re	esigning Manager		<u>:</u> ·	SEP -6	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				AM 8: 32	Ö