L21000340495

(Requestor's Name)
(Address)
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R. HUNT 08/25/23

COVER LETTER

ited Liability Company)
ation and fee(s) are submitted for filing.
this matter to:
er, please call:
786 218-7122 at ()
(Area Code & Daytime Telephone Number)
o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

2023 AUG 25 PH [2: 40

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

The Florida document/registration number as	signed to this limited liability company is:
L21000340495	
The date this member/manager withdrew/resi	gned or will withdraw/resign is: 08/23/2023
DACHEL CARRENO	hereby withdraw/resign as a
(Print Name of Person Resigning)	, nerosy withdraw/resign as a
MANAGER	
(Print Title)	
this limited liability company and affirm the esignation in writing.	e limited liability company has been notified of m

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)