121000359073

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COVER LETTER

TO: Registration Section Division of Corporations

Buy SUBJECT: Name of Linited 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)

(Firm/Company) 1081

3548 auma City/State and Zip Code)

For further information concerning this matter, please call:

 $\frac{M}{(\text{Name of Contact Person})} = \frac{213}{(\text{Area Code & Daytime Telephone Number})}$

Enclosed please find a check made payable to the Florida Department of State for: \$\sum \$25 Filing Fee & Certified Copy
\$\sum \$25 Filing Fee & Ce

<u>Mailing Address:</u> 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 limited liability company as it appears on the records of the Florida Department las of State is: 2: The Florida document/registration number assigned to this limited liability company is: L21000359073 335 3392 3. The date this member/manager withdrew/resigned or will withdraw/resign is:) **(** . .) hereby withdraw/resign as a (Print Name of Person Resigning) Y.)[/) (Print Title) . of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) \$30.00 (Optional) Certified Copy:

CR2E079 (2/14)