121000362488

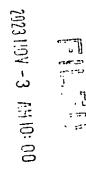
| (Red | questor's Name) | · | | |
|---------------------------|-------------------|-------------|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (1.001.000) | | | | |
| | | | | |
| (Cit) | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Bus | siness Entity Nar | me) | | |
| (50. | siness Entity Har | (ic) | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies | Certificates | s of Status | | |
| | | | | |
| | | | | |
| Special Instructions to F | -iling Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| mils | | | | |
| | | | | |

Office Use Only



000418355620

11/08/23--01029--023 **.35.00



COVER LETTER

| | stration Section sion of Corporations | | | |
|-----------------------|--|-------------|---------------|---|
| SUBJECT: | ACCA CONSULTING, LLC | | | |
| | (Name o | of Limited | Liability | (Company) |
| The enclosed | l member, resignation or di | issociatio | on and fo | fee(s) are submitted for filing. |
| Please return | all correspondence concer | ning this | s matter | r to: |
| LARRY HOGA | AN | | | |
| | (Contact Person) | | | |
| ACCA CONSU | JLTING | | | |
| | (Firm/Company) | | - | |
| 54215 JAMIE I | DRIVE | | | |
| | (Address) | | - | |
| CALLAHAN F | LORIDA 32011 | | | |
| | (City/State and Zip Code) | | | _ |
| For further in | formation concerning this | matter, p | olease ca | all: |
| LARRY HOGA | N . | at | 904 | 444-8287 |
| (Na | ame of Contact Person) | | | ode & Daytime Telephone Number) |
| Enclosed plea | ase find a check made paya | ble to th | e Florid | da Department of State for: |
| ■ \$2 5 Filing | Fee | | \$55 Fil | iling Fee & Certified Copy |
| | z Address: | | | Street Address: |
| | ration Section | | | Registration Section |
| | on of Corporations | | | Division of Corporations |
| | Box 6327 | | | The Centre of Tallahassee |
| i aiiah | assee, FL 32314 | | | 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)

| company as it appears on the records of the Florida Department |
|---|
| on number assigned to this limited liability company is: |
| vithdrew/resigned or will withdraw/resign is: |
| gning), hereby withdraw/resign as a |
| |
| ' |
| nd affirm the limited liability company has been notified of my ber or Resigning Manager lired) |
| |