L21000380993

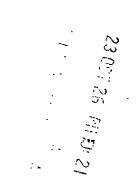
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
NOV-7 2023					

Office Use Only



400417866624

10/26/23--01018--001 ++25.00



COVER LETTER

то:	_	stration Section ion of Corporations					
SUBJ	FCT.	ECT: FLINTSTONE HOSPITALITY LLC (Name of Limited Liability Company)					
3000	1.01.						
The e	nclosec	I member, resignation or dissocia	tior	n and fee(s)) are submitted for filing.		
Please	e return	all correspondence concerning th	nis	matter to:			
RICHA	ARD FR	ANZBLAU					
		(Contact Person)			•		
RICH	ARD FR	ANZBLAU LLC					
		(Firm/Company)			-		
3505 I	LAKE L	YNDA DRIVE, SUITE 200					
		(Address)			-		
ORLA	ANDO, F	FLORIDA 32817					
	· · ·	(City/State and Zip Code)		-	-		
For fu	arther i	nformation concerning this matte	r, p	lease call:			
RICH.	ARD FF	RANZBLAU	at (407	5951826		
	()	Jame of Contact Person)		(Area Code	& Daytime Telephone Number)		
	osed ple 25 Filin	ease find a check made payable to g Fee			Department of State for: g Fee & Certified Copy		
	Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 phassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	•	as it appears on the records of the Florida Department
2. The Florida doc L21000380993	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign is: OCTOBER 24, 202
SHAMEZ KAS:	SAM	, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	,
MANAGER		
· · · · · · · · · · · · · · · · · · ·	(Print Title)	•
of this limited lia resignation in wr	• •	the limited liability company has been notified of my
8/6	Ĉ.	
Signature of D	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	