1210001443391

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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MM/D Resign.

MAY 27 2022 D COMMELL



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)

CTDI	e limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L21000443391	ument/registration number as	ssigned to this limited liability company is:
		signed or will withdraw/resign is: 4/17/2022
4. I, CANDACE LEWIS (Print Name of Person Resigning)		, hereby withdraw/resign as a
VP		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
and	u m	
Signature of Di	issociating Member or Resig	ning Manager
	\$25.00 (Required)	A T
Certified Copy:	\$30.00 (Optional)	