121000444082

(Requestor's Name)		
(Addres	ss)	
(Addres	ss)	
(City/St	tate/Zip/Phon	e #)
PICK-UP [WAIT	MAIL
(Busine	ess Entity Nai	me)
(Docum	nent Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



600378305146

12/27/21--01/18--067 ++25.90



COVER LETTER

ny)
ny)
e submitted for filing.
482-4537
Daytime Telephone Number)
artment of State for:
e & Certified Copy
ect Address:
gistration Section
vision of Corporations
e Centre of Tallahassee
15 N. Monroe Street, Suite 81
1

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)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L21000444082	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: December 21, 2021
	a Murano Same of Person Resigning)	, hereby withdraw/resign as a
(* , , , , ,	AMBR	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	o: 57