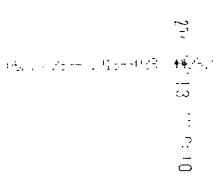
## 12/000 486601

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |





800410179998





## **COVER LETTER**

| TO:          | Registration Section                      |                      |   |
|--------------|---|----------------------|---|
|              | Division of Corporations                  |                      |   |
| SUBJ         | SENTANS LLC JECT:                         |                      |   |
|              | (Name of I                                | Limited Liability Co | ompany)   |
| The e        | nclosed member, resignation or diss       | sociation and fee(   | s) are submitted for filing.                              |
| Pleas        | e return all correspondence concerni      | ing this matter to:  | :   |
| MATE         | O CALDERON                                |                      |   |
|              | (Contact Person)                          |                      | _   |
| SENT         | ANS LLC                                   |                      | <b>1</b> 2  |
|              | (Firm/Company)                            |                      | —<br>-  |
| 230 N        | SHORE                                     |                      |   |
|              | (Address)                                 |                      |   |
| FLOR         | IDA 33141                                 |                      | 1,  |
|              | (City/State and Zip Code)                 |                      | _   |
| For fi       | arther information concerning this m      | natter, please call  | :   |
| MATE         | O CALDERON                                | 1<br>at (            | 7867266493  |
|              | (Name of Contact Person)                  |                      | e & Daytime Telephone Number)                             |
| Enclo        | sed please find a check made payab        | le to the Florida    | Department of State for:                                  |
| <b>I</b> \$2 | 5 Filing Fee                              | □ \$55 Filin         | g Fee & Certified Copy                                    |
|              | Mailing Address:                          |                      | Street Address:   |
|              | Registration Section                      |                      | Registration Section                                      |
|              | Division of Corporations<br>P.O. Box 6327 |                      | Division of Corporations The Centre of Tallahassee        |
|              | Tallahassee, FL 32314                     |                      | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |



## 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)

|                                     | e limited liability company a            | as it appears on the records of the Flori                             | da Department  |
|-------------------------------------|--|---|----------------|
| 2. The Florida doc<br>TL21000486601 |  | assigned to this limited liability compa                              | ny is::5       |
| SAMUEL TOD                          | RENTE Name of Person Resigning)          | esigned or will withdraw/resign is: 24/0, hereby withdraw/resign as a | 3/2023         |
|                                     |  | the limited liability company has been                                | notified of my |
| Signature of D                      | Dissectating Member or Resi              | gning Manager   |                |
| Filing Fee:<br>Certified Conv       | \$25.00 (Required)<br>\$30.00 (Optional) |   |                |