LZZ 0000 13849

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
 -	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
Q. SILAS					
APR 1 1 2022					

Office Use Only



000383998460

09/21/22=+01025++030 **25.00

2022 HAR 21 PM 3: 56
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER -

TO:	Regis	stration Section		·
	Divis	sion of Corporations		
SUBJ	ECT:	AGILE GROUP MANAGEMEN		
		(Name of I	Limited Liability Co	ompany)
The e	nclosed	d member, resignation or diss	ociation and fee((s) are submitted for filing.
Please	e return	all correspondence concerni	ng this matter to	;
NICH	OLAS P	ARRINELLO		
		(Contact Person)		_
AGILI	E GROU	JP MANAGEMENT		
		(Firm/Company)		_
15343	AMBEI	RLY DR		
		(Address)		
TAME	PA, FL 3	3647		
		(City/State and Zip Code)		_
For fu	ırther iı	nformation concerning this m	atter, please call	:
NICH	OLAS P	ARRINELLO	813 at (469-5602
	(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payabl	le to the Florida	Department of State for:
= \$2.	5 Filing	g Fee	□ \$55 Filin	ng Fee & Certified Copy
	<u>Mailir</u>	ng Address:		Street Address:
		stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327 hassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	тапа	massee. FL 32314		Tallahassee, FL 32303

CR2E079 (2/14)



FILED

2022 HAR 21 PM 3: 56

SECRETARY OF STATE TALLAHASSEE, FL

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)

1. The name of the	e limited liability company as it appears on the records of the Flori	da Department
of State is: AGIL	LE GROUP MANAGEMENT LLC	
2. The Florida doc	cument/registration number assigned to this limited liability compa	ny is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	/2022
4. l. <u>jeff bartilu</u>	OCCI, hereby withdraw/resign as a hereby withdraw/resign as a	
(Print N	Name of Person Resigning)	
VP		
	(Print Title)	
resignation in wr	ability company and affirm the limited liability company has been riting. M. Buff	notified of my
Signature of D	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	