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COVER LETTER

Division of Corpor			
SUBJECT:	<u></u>	THE TITLE	rompany, LLC
	(Name of L	imited Liability Con	npany)
The enclosed member, res	ignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspon	dence concernir	ng this matter to:	
DAW	WALLACE		_
(Con	tact Person)		
1701	√Company)	5	-
(cm	v Company)		
1701	P/ルミ A U ddress)	Έ	-
City/Sta	PANK, FL = te and Zip Code)	32101	-
For further information co	ncerning this ma	atter, please call:	
WAYUE K	'A L15 H	at (<u>401</u>) 308-9479
(Name of Contact	t Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a che	ck made payabl	e to the Florida D	epartment of State for:
☑\$25 Filing Fee			Fee & Certified Copy
Mailing Address:			Street Address:
Registration Section			Registration Section
Division of Corpor P.O. Box 6327	ations		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32	314		2415 N. Monroe Street, Suite 810
rununussee, r D J2	JII		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)

of State is:	THE	ナバモ	COMBANY, ZL C	·,
2. The Florida doc	cument/registration num	ber assign	ed to this limited lial	oility company is:
3. The date this m	ember/manager withdre	w/resigned	- I or will withdraw/re	sign is: 3/10/22
4. I, <u>J</u>	US11N LUNA Name of Person Resigning)		, hereby withdraw/re	esign as a
MEMBEY.	AND MANAECK (Print Title)			
of this limited lice resignation in w		irm the lim	nited liability compan	ny has been notified of my
Signature of E	Dissociating Member or	Resigning	Manager	
	\$25.00 (Required) \$30.00 (Optional)			2022 ATT -1