L22-000037388

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The property of the South

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Spacely Investments (Name of Limited Liability Co	mpany)	_	
The en	nclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to:			
Av	Hony M LUCIA (Contact Person)	_	23 FE	4848
	(Firm/Company)	_	B 21	17. 91.
Po	BOX 1352 (Address) 4 St. Joc. Flori DA 3245 (City/State and Zip Code)	_	3 FEB 21 AM 6: 5	क्ती है के नेक्स के जिल्ला है।
Por	4 St. Doz. FLORIDA 3245 (City/State and Zip Code)	<u>2</u> 7	10	11 ⁷
	rther information concerning this matter, please call:			
Ant	(Name of Contact Person) at (714 (Area Code	331.3113 e & Daytime Telephone Number)	_	
` '	sed please find a check made payable to the Florida I 5 Filing Fee	Department of State for: g Fee & Certified Copy		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

1 171	North of Palitina and a second	dEal Uli.d- Dam
1. The name of the	limited liability company as it appears on the re	ecords of the Plofida Department
of State is: Spt	acely Investments LLC	
2. The Florida docu	ment/registration number assigned to this limit	ed liability company is:
L22000	037388	
3. The date this men	mber/manager withdrew/resigned or will withd	raw/resign is: 12 3 2022
l l	A. WCia hereby without of Person Resigning)	
Manage	Print Title)	
of this limited liab resignation in wri	oility company and affirm the limited liability c	ompany has been notified of my
Mayay (Signature of Di	Aucee ssociating Member or Resigning Manager	23 FEB
U		21 A
Filing Fee:	\$25.00 (Required)	= 5,4
Certified Copy:	\$30.00 (Optional)	6. 5 6. 5