

L22 000078261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

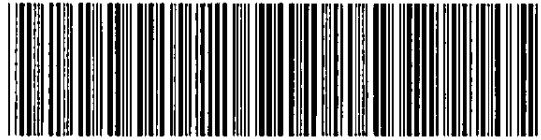
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 25 2024

Office Use Only



000427376350

74/15/24--01012--023 \*\*25.00

FILED  
2024 APR 15 PM 1:01  
CLERK OF STATE  
KATHLEEN J. BROWN

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UPWYN LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jiri Stybnar  
\_\_\_\_\_  
(Contact Person)

UPWYN LLC

---

(Firm/Company)

6771 HOLLANDAIRE DR W  
\_\_\_\_\_  
(Address)

BOCA RATON, FL 33433

---

(City/State and Zip Code)

For further information concerning this matter, please call:

JIRI STYBNAR at (561) 504-4790  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

**☞ \$25 Filing Fee**

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2024 APR 15 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is: UPWYN LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000078267

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/05/2024

4. I, JIRI STYBNAR, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)