

(Requestor's Name)				
(Address)				
(Address)				
(1.001.000)				
(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				
MAY 1 6 2022				
FIG. 1 0 2022				

Office Use Only



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1022 APR 12 PH 12: 1

COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC	AMBIS, LLC				
		(Name of Limited Liability Company)			
The enclo	osed member, resignation or dis	sociation and fee((s) are submitted for filing.		
Please ret	urn all correspondence concern	ing this matter to	:		
Lauren Llo	orca				
-	(Contact Person)		-		
EPGD Au	orneys at Law, P.A.				
•	(Firm/Company)		_		
777 SW 37	7th Ave. Suite 510				
	(Address)		_		
Miami, FL	. 33135				
	(City/State and Zip Code)		_		
For furthe	er information concerning this r	natter, please call	:		
Lauren Llo	orca	786 at (837-6787		
	(Name of Contact Person)		le & Daytime Telephone Number)		
Enclosed	please find a check made payal	ole to the Florida	Department of State for:		
■ \$25 Fi	iling Fee	□ \$55 Filir	ng Fee & Certified Copy		
	ailing Address:		Street Address:		
	egistration Section		Registration Section		
	ivision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee		
	allahassee, FL 32314		2415 N. Monroe Street, Suite 810		
•			Tallahassee, FL 32303		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2022 APR 12 PHI SECRETARY OF

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY: 5

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:		as it appears on the records of the Florida Department
2. The Florida doc 1.22000098787	rument/registration number	assigned to this limited liability company is:
lessica Mateu		esigned or will withdraw/resign is: 3/28/22
4. I	Name of Person Resigning)	, hereby withdraw/resign as a
Manager and Mc		
	(Print Title)	•
resignation in w	riting.	the limited liability company has been notified of my
Signature of I.	Dissociating Member or Res	signing Manager /
Filing Fee:	\$25.00 (Required)	