172000124171

(Requestor's Name)	400387601184		
(Address)			
(Address)	100007001101		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	05/16/2201037018 ** 50.00		
(Document Number)	2022		
Certified Copies Certificates of Status	022 HAY 16		
Special Instructions to Filing Officer:			
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COVER LETTER

Registration Section Division of Corporations O'Farrell Tech Instruction SUBJECT: (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: Lauren O'Farrell (Contact Person) O'Farrell Tech Instruction (Firm/Company) 2906 Quantum Lakes Drive (Address) Boynton Beach, Florida 33426 (City/State and Zip Code) For further information concerning this matter, please call: Lauren O'Farrell (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:



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)

	limited liability company as it appears on the records of the Florrell Tech Instruction	orida De	partm	ent
2. The Florida doc L22000124172	ument/registration number assigned to this limited liability com	pany is:	2022 Mā	=7
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Manager	(Print Title)	; ;	<u></u>	
of this limited lia resignation in wi	bility company and affirm the limited liability company has beciting.	en notifi	ed of i	my
Signature of D	en Officer issociating Member or Resigning Manager			
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)