L22000 140095

(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:					

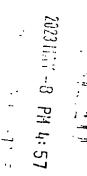
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S. CHATHAM JUL 2 1 2023

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COVER LETTER .

TO:	Regis	stration Section			
	Divis	sion of Corporations			
SURI	FCT.	SIDE BY SIDE MUSIC ACADEMY LLC (Name of Limited Liability Company)			
3 () ()	LC I.				
The er	nclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please	return	all correspondence concern	ing this matter to:		
JOSE (CSANT	TAGO			
	,	(Contact Person)		_	
SIDE I	3Y SIDI	E MUSIC ACADEMY			
		(Firm/Company)		<u></u>	
2224 J	ANET S	STREET			
		(Address)			
KISSI	ммее/	FL 34741			
		(City/State and Zip Code)			
For fu	irther in	nformation concerning this r	natter, please call:	:	
ANGE	LO DO	MINGUEZ	407 at (777-6979 }	
	(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclos	sed plo	ease find a check made payal	ble to the Florida	Department of State for:	
S \$2:	5 Filin	g Fee	□ \$55 Filin	g Fee & Certified Copy	
	<u>Mailii</u>	ng Address:		Street Address:	
	_	stration Section		Registration Section	
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee	
		hassee, FL 32314		2415 N. Monroe Street, Suite 810	
	rand	1100000 1 B 02017		Tallahassee, FL 32303	

CR2E079 (2/14)



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)

pears on the records of the Florida Department
d to this limited liability company is:
or will withdraw/resign is: 5/2/2023 hereby withdraw/resign as a
hereby withdraw/resign as a
ited liability company has been notified of my
Manager