

DECLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATRO CARIBBEAN LOUNGE 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:

Dalyboy Hypolite
(Contact Person)

ATRO CARIBBEAN LOUNGE LLC
(Firm/Company)

2914 Washington RD
(Address)

WEST PALM BEACH, FL, 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

Dalyboy Hypolite at (323) 799-8423
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
23 SEP 21 PM 3: 39
SHIRLEY J. STATE
FALL ANASSEE, FLORIDA

**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: APPRO CARIBBEAN LOUNGE LLC.

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

L 22000154551.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/22/22

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

manager
(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)

AFFIDAVIT

(SWORN STATEMENT)

Date: September 21 2023

My legal name is **Juline Hyppolite** ("Affiant") and acknowledge I am:

- a.) Age: 26 years old
- b.) Address: 16205 Mahogany Dr, Boynton Beach , Florida, 33436
- c.) Residency: Florida

Being duly sworn, hereby swear under oath that:

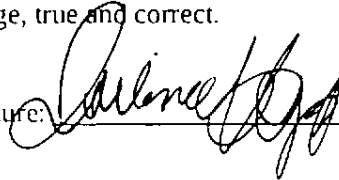
I was misguided by Dalyboy Hyppolite to sign as member/manager for Afro Caribbean Lounge LLC. and have not consented for paperwork to be finalized and processed as member/manager. Before paperwork was mailed/sent to Florida Divisions I have requested for Dalyboy Hyppolite to revoke the submission as member/manager for Afro Caribbean Lounge LLC and he agreed to do so but still processed submission without my knowledge or consent. On multiple occasions I have requested to DALYBOY HYPOLITE to remove myself as an officer title manager to AFRO CARIBBEAN LOUNGE LLC. ; the requests occurred in 2/22/22, 5/10/22, and 9/11/22. Dalyboy Hyppolite stated the manager removal for Juline Hyppolite was successful on 2/22/22 and 5/10/22; Dalyboy Hyppolite agreed on every occasion to remove Juline Hyppolite as manager but never fulfilled the finalization. I have no affiliation and dissociated myself with AFRO CARIBBEAN LOUNGE LLC. since the initial request in 2/22/22.

I have no affiliation as a VP titled officer for the Florida Not Profit Corporation DALYBOY BELGASON FOUNDATION, INC. Dalyboy Hyppolite forged my name as VP titled officer for the Florida Not Profit Corporation DALYBOY BELGASON FOUNDATION, INC. without my knowledge or consent.

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

Affiant's Signature: _____

Date: _____

 09/21/23

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Florida
County of Leon

On September 21, 2023, before me, Juline Hyppolite, personally appeared Juline Hyppolite who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Cassandra Ann Long
Notary Public

Print Cassandra Ann Long

(Seal)

