## L22000 155895

(Requestor's Name)						
(Address)						
<i></i>						
(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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FILED STATE OF STATE OF CORPORATIONS

## **COVER LETTER**

	egistration Section		
Di	ivision of Corporations		
SUBJEC			
	(Name of L	imited Liability Cor	npany)
The enclo	osed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please ret	turn all correspondence concernit	ng this matter to:	
IRENE ZA	JAC		
	(Contact Person)	<del></del>	_
INVITE B	RIDE LLC		
	(Firm/Company)		_
6040 JON	ATHANS BAY CIRCLE #402		
	(Address)		
FORT MY	ERS, FL 33908		
	(City/State and Zip Code)	·	<u>-</u>
For furthe	er information concerning this ma	atter, please call:	
IRENE ZA	JAC	239 i	703-3241
	(Name of Contact Person)		& Daytime Telephone Number)
	please find a check made payabl		-
□ \$25 Fi	lling Fee	■ \$55 Filing	g Fee & Certified Copy
	ailing Address:		Street Address:
	egistration Section		Registration Section
	ivision of Corporations		Division of Corporations The Centre of Tallahassee
	O. Box 6327 allahassee, FL 32314		2415 N. Monroe Street, Suite 810
1 <	ananassee, 1 L 32314		Tallahassee. FL 32303



## 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)

of State is: INVI	TE BRIDE LLC	s it appears on the records of the F		·
2. The Florida docu L22000155895	iment/registration number a	ssigned to this limited liability cor	npany is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	May 31, 2023	
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a,				
	RIZED MEMBER)			
(	(Print Title)			
resignation in wri	iting.	ic limited liability company has be		f my
Signature of Di	ssociating Member or Resig	ning Manager	2029 JUN -2	0 899.3 438.43
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-2 PH12:16	ARY OF STATE F CORPORTED