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JUN 30 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations	· ,		
MGR resignation and removal from LLC authorization			
(Name of Limited Liability Co	mpany)	-	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	:		
Myrna Rogers			
(Contact Person)	_		
Mold Exposed LLC		, a	•
(Firm/Company)			-
849 Cypress PKWY Suite 137		7.51	
(Address)	_	; 	
Kissimmee, FL 34759		٠ - بي - بي	
(City/State and Zip Code)	_		į
For further information concerning this matter, please call	:		
Myrna Rogers 914 at (318-6897 		
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)	_	
Enclosed please find a check made payable to the Florida ☐ \$25 Filing Fee ☐ \$55 Filing	Department of State for: ng Fee & Certified Copy		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	the limited liability company as it a	ppears on the records of the Florida Department	
2. The Florida d		ned to this limited liability company is:	
3. The date this	member/manager withdrew/resigne	rd or will withdraw/resign is:	
4. I. Jaime A Rog	ers nt Name of Person Resigning)	_, hereby withdraw/resign as a	
MGR			
	(Print Title)	. 10	
of this limited resignation in	liability company and affirm the linwriting.	mited liability company has been notified of my	
			<u>i :</u>
Signature of	Dissociating Member or Resigning	Manager & &	ï
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)