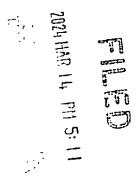
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(Re	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
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	Office Use Only



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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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	T+A2 Ariation, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
12	2000 171306
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: February 13, 2024
4. I, Brens	, hereby withdraw/resign as a ame of Person Resigning)
Member	(Print Title)
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
DocuSigned b	
Λ Ι -	lidson3/6/2024
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)