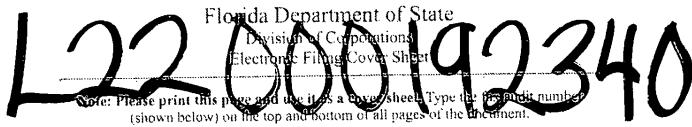
Division of Corporations



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Doing so will generate another cover sheet.

To:	ni dadan af Compunitions		
	Division of Corporations Fax Number : (850)617-6383		
From:	ACCOUNTING TOX	200 62010 116	
	Account Name : ACCOUNTING TAX Account Number : 120220000157	SKO BROOS CEC	
	Phone : (407)377-7752		
	Fax Number : (407)413-8813		
		me email address please.*	
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TO THE STATE OF TH	ALC AMND/RESTATE/CORRESILVER TOOL	CT OR M/MG RESIGN S, LLC	

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Electronic Filing Menu

Corporate Filing Menu

Help

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: SPINE TOOLS 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:		
CARMEN CARNIZATES DE PARETO (CONTACT PENSON)		
(Firm/Company)		
13287 PONTOON ROAD F8561		· ·
WINTER GARDEN FZ 34787 (City/State and Zip Code)	• •	
For further information concerning this matter, please call:		
(Name of Contact Person) at (908) 462 7970 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Begin{align*} align		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

H24000069239 3



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 li				s of the Florida	Depart	ment	
of State is:	591VER	tools	LLC			·	
2. The Florida docum	nent/registration	number assigne	d to this limited lie	ability company	is:		
L 22000	019234	0					
3. The date this mem	ber/manager w	ithdrew/resigned	or will withdraw/i	resign is:2	2/20	<u> 120</u>	+
4. L. GASTON	PARETO ne of Person Resig	DE VANNE	hereby withdraw	resign as a			
<u>M</u>	역2 rint Title)						
of this limited liabi		nd affirm the lim	ited liability comp	any has been no	tified (of my	
resignation in writi						2024	
94	1:	<i></i>				2024 FEB 2 I	<u> </u>
Signature of Uss	sociating Meint	per or Resigning	Manager				i T
Filing Fee:	\$25.00 (Requ				; -	AH 12: 58	
Certified Copy:	\$30.00 (Option	oner)			41:1	58	

CR2E079 (2/14)