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| (Red | questor's Name) | |
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| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nam | e) |
| (Dod | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
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Office Use Only



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2022 OCT 27 PHIZ: 01 SECRETARY OF STAT

COVER LETTER -

| Division of Corporations | | |
|---|--|--|
| SUBJECT: Jan Sort (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: | | |
| ANT NON ONES (Cohract Person) | | |
| Tylado Japanson UC | | |
| P.D. JOY 16732 | | |
| Jr. Propositional Lip Code 33733 | | |
| For further information concerning this matter, please call: | | |
| (Name of Contact Person) at (121) 200 - 1202 (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy | | |
| Mailing Address: Registration Section Street Address: Registration Section | | |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section



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: Thele TABN Sport 666 |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| 12200022.4153 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10.05.2023 |
| 4. I, Dehoan K. Resignas - Velhan, hereby withdraw/resign as a Print Name of Person Resigning) |
| Appointed REDBESEN PATIVE. |
| 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) |