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11/26/24--01014--029 **55.00

COVER LETTER

_	stration Section			
Divi	sion of Corporations			
SUBJECT:				
	(Name of	Limited Liability Co.	mpany)	
The enclose	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return	n all correspondence concerr	ing this matter to:		
Alfred Rodrig	uez			
	(Contact Person)			
	(Firm/Company)		<u>_</u>	
	(Figure outbany)			
311 Pecan Rid	lge Pt		_	
	(Address)			
Lake Mary, Fl	32746			
	(City/State and Zip Code)	·	_	
For further i	information concerning this i	natter, please call:		
Alfred Rodrig	uez	407 at (234-8519	
(1)	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed ple	ease find a check made paya			
□ \$25 Filin	ig Fee	\$55 Filin	g Fee & Certified Copy	
<u>Maili</u>	ing Address:		Street Address:	
Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, Fl. 32314			2415 N. Monroe Street, Suite 8	

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)

	limited liability company as	s it appears on the records of t	he Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited liability	y company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	11/20/2024 1 is:
4. I. Ryan Alfred Roc	riguez. 'ame of Person Resigning)	, hereby withdraw/resign	n as a
MGR			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company ha	as been notified of my
Risan	Radriques		2021 S
Signature of D	issociating Member or Resig	gning Manager	FIL 2024 NOV 26 S NATE AND
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		LED 26 PM 4:2 AHASSEE, FI