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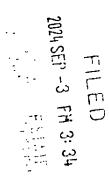
(Req	uestor's Name)	
(Addı	ress)	
(Adda)	ress)	
(City/	/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	·)
(Doce	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer.		
	J. HORNI	_
J. HORNE SEP - 9 2024		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PORCZ LAMOILIR CCW LLO (Name of Limited Liability Con	<u> </u>
/ (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	e) are submitted for filing.
Please return all correspondence concerning this matter to:	
Ebby Lamouna AWare Z (Contact Person)	-
Perez Lawrens CCW LLC (Firm/Company)	_
833 COHON BOY DR. W apt 801	<i>(</i> -
West Poly State and Zip Code) (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Eby Lawing Alvare 2 at 772 (Name of Contact Person) at 772 (Area Code	626 98 38 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$\sqrt{2}\$ \$25 Filing Fee \$\sqrt{2}\$ \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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:	elet Convierce CCW LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
88-25	567103
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $08-3/-2024$
4. 1. Els 4 L	how first Alugie 7, hereby withdraw/resign as a a ame of Person Resigning)
Persona	hoci/manager withdrew/resigned or with withdraw/resign as a ume of Person Resigning) AUTOTOTOR (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)