L22000233345

(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	_
(Ducing and Entity March)	_
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
J DENNIG	
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09/22/23--01009--017 ++25.00

FILED 2023 SEP 22 AM 9: 57 Secretary of State

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: (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:



For further information concerning this matter, please call:

rosvenorar, 401, 363-14 Imar (Area Code & Daytime Telephone Number) (Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: \$\\$\$ \$25 Filing Fee & Certified Copy

<u>Mailing Address:</u> 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

CR2E079 (2/14)



2023 SEP 22 AM 9:57

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: NEON FloridaLLC

2. The Florida document/registration number assigned to this limited liability company is:

12000233345

Member Title

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)