122000258257

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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• COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
Future 4, LLC SUBJECT:	
	ne of Limited Liability Company)
The enclosed member, resignation or	r dissociation and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to:
John C. Englehardt	
(Contact Person)	
(Firm/Company)	
15900 Thoroughbred Ln.	
(Address)	
Montverde, FL 34756	
(City/State and Zip Co	de)
For further information concerning the	nis matter, please call:
John Englehardt	407 928 8371 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made p ■ \$25 Filing Fee	ayable to the Florida Department of State for: ☐ S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 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 a	is it appears on the records of the	: Florida Department
2. The Florida doc		assigned to this limited liability o	company is:
3. The date this mo	mbcr/manager withdrew/re	signed or will withdraw/resign is	
Authorized Memb	dame of Person Resigning) per (Print Title)	, hereby withdraw/resign a	as a
resignation in wr	iting.	he limited liability company has	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gning Manager	FILED 2023 NOV -7 AH 10: