

L22000282236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500419803145

12/04/23--01042--020 \*\*15.07

2023 DEC -4 AM 9:11

12/17/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Breakthrough HQ  
\_\_\_\_\_  
(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:

Lisa Babb

\_\_\_\_\_  
(Contact Person)

Breakthrough HQ

\_\_\_\_\_  
(Firm/Company)

333 S. Garland Ave.

\_\_\_\_\_  
(Address)

Orlando, Florida 32801

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Babb

\_\_\_\_\_  
(Name of Contact Person)

at ( 352 )

454-1656

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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



2023 DEC -4 AM 9:11

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: Breakthrough HQ BREAKTHROUGH HQ, LLC

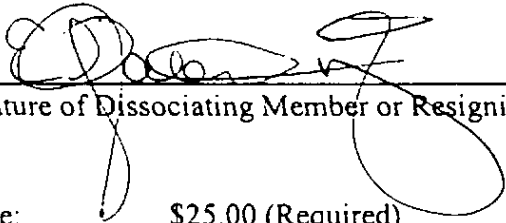
2. The Florida document/registration number assigned to this limited liability company is:  
L22000282236

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/10/2023

4. I, Elizabeth Muniz, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized member  
(Print 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)