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## **COVER LETTER**

TO: Registration Section **Division of Corporations** SPROP 2, LLC, a Florida limited liability company **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: C. Jeffrey McInnis, Esq. (Contact Person) ANCHORS SMITH GRIMSLEY, PLC (Firm/Company) 909 Mar Walt Drive, Suite 1014 (Address) Fort Walton Beach, Florida 32547 (City/State and Zip Code) For further information concerning this matter, please call: 850 362-7220 C. Jeffrey McInnis, Esq. at\_(\_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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)

	e limited liability company as it appears on the records of the Florida Department DP 2, LLC, a Florida limited liability company
2. The Florida doc	nument/registration number assigned to this limited liability company is:
L220002992	91
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: August 7, 2024
4. I, <u>Prerak Pate</u> (Print)	, hereby withdraw/resign as a Name of Person Resigning)
Member/Manage	г
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
J'xex	an AMS
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Centried Copy:	\$30.00 (Optional)