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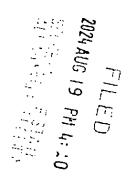
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE AUG Z 3 2024		

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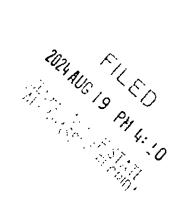
COVER LETTER

TO: Registration Section Division of Corporations SUPER STATION 6, 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: C. Jeffrey, Esq. 850 362-7220 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ S25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations 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)

1. The name of the	e limited liability company as it appears on the records o	f the Florida Department
of State is: Su	uper Station . LLC, a Florida limited liability company	································
	cument/registration number assigned to this limited liabil	lity company is:
L2200029929	98	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resi	gn is: August 7, 2024
4. I. <u>Prerak Patel</u> (Print N	1, hereby withdraw/res Name of Person Resigning)	ign as a
Member/Manager		
((Print Title)	
of this limited lial resignation in wri	ability company and affirm the limited liability company riting.	has been notified of my
la	event Al	
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	