1_22000 325 900

(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



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05/07/24--01016--017 **25.00

COVER LETTER

	Registration Section				
J	Division of Corporations				
SUBJE					
	(Name of	Limited Liability Con	mpany)		
The enc	losed member, resignation or dis	ssociation and fee(s) are submitted for	filing.	
Please r	eturn all correspondence concern	ning this matter to:			
Ernst Hy	acinthe				
	(Contact Person)				
	(Firm/Company)		-		
1503 Soc	ut US Hway 301 #99				
	(Address)			2ñ.:	
Tampa F	1 33619			; ** ;	
	(City/State and Zip Code)		_	1	
For furt	her information concerning this	matter, please call:	:		
Ernst Hu	acinthe	813 at (454-5731	: 19	
	(Name of Contact Person)		e & Daytime Telepho	one Number)	
Enclose	ed please find a check made paya	ble to the Florida	Department of State	e for:	
\$25	Filing Fee	☐ \$55 Filin	g Fee & Certified (Сору	
	Mailing Address:		Street Address:		
	Registration Section		Registration Section Division of Corporations The Centre of Tallahassee		
	Division of Corporations				
	P.O. Box 6327		2415 N. Monroe		
	Tallahassee, FL 32314		2413 IN. MOINOR	Succe, Suite 610	

Tallahassee, FL 32303

CR2E079 (2/14)



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)

The name of the limited liability company as of State is:	it appears on the records of the Florida Department USA LLC
2. The Florida document/registration number as L22000325900	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Ernst Hyacinthe (Print Name of Person Resigning)	
(Print Title)	: 7
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Signature of Dissociating Member or Resign	

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)