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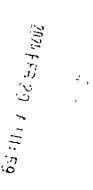
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

Division of Corporations TENNIS MASTER LLC 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: KENNEDY J CANCELADO (Contact Person) TENNIS MASTER LLC (Firm/Company) 11930 N BAYSHORE DRIVE, SUITE 303 (Address) NORTH MIAML FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: KENNEDY J CANCELADO 786 at (\_\_\_ (Name of Contact Person) (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:** 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

TO:

Registration Section



## 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)

of State is:	TENNIS MASTER LLC		
	ument/registration number assig	gned to this limited liability com	pany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:		02/15/2024 2024 724 FEB	
4. 1,, hereby withdraw/resign as a (Print Name of Person Resigning)  AMBR		FB 29	
(Print Title)			=
of this limited lia resignation in wr		imited liability company has bee	notified of my
*	3		1
Signature of D	issociating Member or Resignin	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		