

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POSITIVE EXPECTATION LLC

Certificate of Status	0
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C. BRUMBLEY
NOV 30 2022

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Positive Expectation LLC
(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:

Michael Karsch

(Contact Person)

Lorium Law

(Firm/Company)

197 S. Federal Highway, Suite 200

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Karsch

(Name of Contact Person)

at (561) 361-1000
(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

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS2022 NOV 29 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL

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**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: Positive Expectation LLC
2. The Florida document/registration number assigned to this limited liability company is:
L22000331698
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/22
4. I, Karl Elderkin, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Karl Elderkin", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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