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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Enhanced Point LC (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:
Contact Person)
Firm/Company) CPA
3433 E Gulf to Lake Huy (Address)
Inverses Pt 34453 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
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



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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)

		i
1. The name of the	e limited liability company as it appears on the records of the Florida Depart	tment
of State is:	Enhanced Point, LLC	;
2. The Florida doc	cument/registration number assigned to this limited liability company is:	
<u>Laao</u>	00376607	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 1-1-23	<u>3</u>
	Name of Person Resigning), hereby withdraw/resign as a	1
Men	(Print Title)	
	ability company and affirm the limited liability company has been notified or	f mý
resignation in wr	Ting.	•
Signature of Di	issociating Member or Resigning Manager	1
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	,