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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Everglades Enterprise Group, LLC		
	(Name of I	imited Liability Com	pany)
The enclosed	d member, resignation or diss	ociation and fee(s)	are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	
Daniel Del Vec	rchio		
	(Contact Person)		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
2250 Malibu L	ake Circle, Apt 126		
	(Address)		
Naples, FL 341			
	(City/State and Zip Code)		
For further in	nformation concerning this m	atter, please call;	
Daniel Del Vec	echio	at (⁹⁷³) 897-5518
(N	fame of Contact Person)		& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ease find a check made payab g Fee		epartment of State for: 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



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	limited liability company as it appears	on the records of the Florida Department
of State is: Everg	ades Enterprise Group, LLC	
2. The Florida docu	ment/registration number assigned to	this limited liability company is:
1.22000392138	·	
4. I. G. Ch	mber/manager withdrew/resigned or w (1) Hopher Ramyey, here	
Member	Print Title)	
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	iability company has been notified of my
Signature of Di	ssociating Member or Resigning Mana	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	2023 HA