

L22000396472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

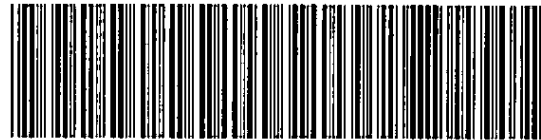
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAR 22 2023

Office Use Only



700400657687

01/18/23--01094--017 \*\*25.00

FILED  
2023 JAN 18 PM 12:40  
SECRETARY  
TALLAHASSEE, FL  
D  
D

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A FRIEND IN 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:

Carola Olkes

(Contact Person)

Olkes W. LLC

(Firm/Company)

1025 E Hallandale Beach ste 15

(Address)

Hallandale FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Carola Olkes

(Name of Contact Person)

at (786) 5699706

(Area Code & Daytime Telephone Number)

Enclosed please find a check made  
☒ \$25 Filing Fee

da Department of State for:  
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



RECEIVED  
TALLAHASSEE  
023 JAN 18 PM 12:14  
49

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: A Friend In LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000396472

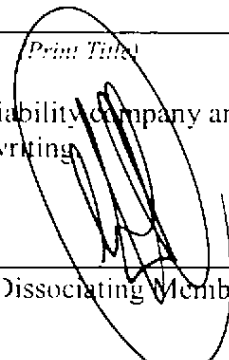
3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 14, 2022

4. I, Carola Olses, 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.

  
Signature of Dissociating Member or Resigning Manager

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