## L22000397018

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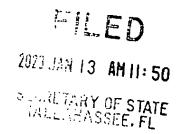
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BAUNTINE CONS	SULTING, LLC ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Rebecca Balentine (Contact Person)	<u> </u>
Balentine Consulting LLC (Firm/Company)	
8727 Thomas Pr. Unit A	
Panama Ath Brach Fl 32 (City/State and 746 Code)	408
For further information concerning this matter, ple	ease call:
Rebleca Balettink at (Name of Contact Person) (A	156 ) 655 - 5120 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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





## 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)

	limited liability company as it appears on the records of the Florida Department
of State is:	ALENTINE CONSULTING, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L22000	397018
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 01/10/2023
4. I. TEFFREY (Print N	BALEWILINE, hereby withdraw/resign as a a many of Person Resigning)
Me	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
(Low	Balend.
	ssociating Member or Resigning Manager
=	\$25.00 (Required)
Certifica Copy.	\$30.00 (Optional)