La2000410333

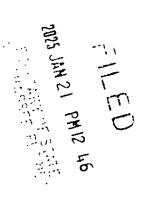
(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



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LLC dissociation or resignation of Member Imgo



2025 JAN 21 PH 12: 46

JAU 24 2025

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

Key Marco Developments LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1.4	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	An, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рһию Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
, varie Date Hill	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

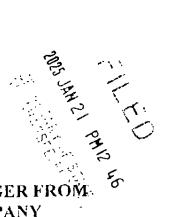
COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Key Marco Developments LLC			
	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.	
Please	return all correspondence concerr	ning this matter to:		
Louis A	A. Supraski			
	(Contact Person)		-	
Louis A	A. Supraski, P.A.			
	(Firm/Company)		_	
16666	NE 19th Ave, Suite 113			
	(Address)		_	
North 1	Miami Beach, FL 33162			
	(City/State and Zip Code)		_	
For fu	rther information concerning this r	matter, please call:	:	
Louis A	A. Supraski	305 at (792-0060	
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
	sed please find a check made payal 5 Filing Fee		Department of State for: g Fee & Certified Copy	
	7 9		g . cc & commed 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)



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)

	mited liability company as i	1 appears on the records of the Florida Department
2. The Florida docum 1.22000410333	nent/registration number ass	igned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resig	gned or will withdraw/resign is: 12/31/2024
	AUGU ODA IENT LLC (ELA	, hereby withdraw/resign as a
MEMBER		
(P	rini Tille)	
of this limited liabi	ng.	e limited liability company has been notified of my
Signature of Dis	sociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	