## L22000414154

(Requestor's Name)						
(requestors rearre)						
(Address)						
(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:						
Operat instructions to 1 mily officer.						

Office Use Only



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## **COVER LETTER**

TO:	_	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	Psychtalk, LLC		
		(Name of Li	mited Liability Co	empany)
The en	nclosed	I member, resignation or disso	ciation and fee(	s) are submitted for filing.
Please	return	all correspondence concerning	g this matter to:	:
Sherril	Schwar	tz		
		(Contact Person)		_
Psycht	alk, LL(			
		(Firm/Company)	<del></del>	<del></del>
7310 L	ahana C	Circle		
<del></del>	-	(Address)		_
Boynto	on Beach	n, FL 33437		
		(City/State and Zip Code)		_
For fu	ırther ii	nformation concerning this ma	tter, please call:	:
Sherril	Schwar	tz	204 at (	535-9294
	(N	ame of Contact Person)		c & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable	e to the Florida l	Department of State for:
<b>≡</b> \$2:	5 Filin	g Fee	☐ \$55 Filin	g Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section		Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		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 line of State is:	k, LLC	s it appears on the re	cords of the Florida Department			
2. The Florida docum L22000414759	nent/registration number as	ssigned to this limite	ed liability company is:			
3. The date this mem	ber/manager withdrew/res	igned or will withdr	aw/resign is:			
Lockio Coclor			, hereby withdraw/resign as a			
	ne of Person Resigning)					
MGRM						
(Pi	rint Title)					
of this limited liabil resignation in writing		ne limited liability co	ompany has been notified of my			
Kenl	i asca	<u></u>	_			
Signature of Diss	ociating Member or Resig	ning Manager				
Filing Fee: Certified Copy:			FILE 2023 MAY II F 3ELUNG TAKY O TALLAHASSEE,			