L22000418081

(Requestor's Name)
(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.
J.D.E.A. o
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: MYTH & MUSE TOO (Name of Limit	ed Liability Company)
The en	closed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to:
Jac	(Contact Person)	
My?	the & Muse Talloo, LLC (Finn/Company)	
118	516 Snapdragon Rd (Address)	
Tan	City/State and Zip Code)	
For fur	rther information concerning this matte	r, please call:
Sug	(Name of Contact Person)	at (727) 692 - 8570
Enclos	(Name of Contact Person) sed please find a check made payable to Filing Fee	(Area Code & Daytime Telephone Number)
	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







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: M	yth & Muse Tattoo, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L2200041	8081
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 07//2/2023
4. I. Suge S	hoemake hereby withdraw/resign as a me of Person Resigning)
MGR	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
SA	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	S25.00 (Required)
•	\$30.00 (Ontional)