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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 641 PAIN UC (Name of Limited	1 Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
IVAn Hyppslite (agniael Person)	
641 Pain LLC (Firm/Company)	
Mosq Wandering w	al Are
City/State and Zip Code)	96
For further information concerning this matter,	please call:
(Name of Contact Person)	t (954) 882-7409 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\infty\$	
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)

	imited liability company as it	t appears on the records of the Fl	lorida Department
	ment/registration number assi	igned to this limited liability con	npany is:
4. I, TVAA (Print Na (Print Na (I) of this limited liab resignation in write	me of Person Resigning) GOR Print Title) ility company and affirm the ting.	ned or will withdraw/resign is:, hereby withdraw/resign as a	a 2023 JUH 2
V	sociating Member or Resigni \$25.00 (Required) \$30.00 (Optional)	ng Manager	<u>G</u>