## L22000430663

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

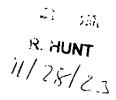
Office Use Only



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11/28/23--01021--002 \*\*55.00

2020 For 28 PN P2: 40



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Meant To Be (Name of Limited Liab	Concepts LLC
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this management of the Concepts (Firm/Company)	itter to:  LLC
519 64th Ave Drive East	——————————————————————————————————————
Bradenton FL 34203	
For further information concerning this matter, plea    A	se call:
Enclosed please find a check made payable to the F	
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)

1. The name of the li	mited liability company as it ap	pears on the records of	f the Florida Department
of State is: Mea	nt To Be Conce	ots LLC	
2. The Florida docum	nent/registration number assign	ed to this limited liabi	ity company is:
422000	0430663		
	<del>-</del>		11 lula >
3. The date this mem	ber/manager withdrew/resigned	d or will withdraw/resi	gn is: 11/19/0/5
4 1 Mallie	Merky- Scolio	haraby withdraw/rac	im oo o
(Print Nar	ne of Person Resigning)	nereby withdrawites	ign as a
$M \subset \Omega$	v v v		
MOIN	<del></del>	•	
(1)	rint Title)		
of this limited liabi	lity company and affirm the lin	nited liability company	has been notified of my
resignation in writi	ng.		-
	Illau Ico	110	202
Skeheliereldyddia?	ociating Member or Resigning	Manager	
<b>5</b> (	1		
Filing Fee:	\$25.00 (Required)		23 83
Certified Copy:	• • •		<u> </u>
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