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| (Address) | | | | |
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| | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Oity/State/Zip/Filone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| 1111112 | | | | |

Office Use Only



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09/26/24--01019--002 **25.00

COVER LETTER

| TO: | _ | stration Section | | |
|---------------|----------------|--------------------------------|--------------------|--|
| | DIVIS | ion of Corporations | | |
| SUBJI | ECT: | Luke 22 LLC | | |
| | | (Name of L | mited Liability Co | mpany) |
| The en | closed | I member, resignation or disso | ciation and fee(| s) are submitted for filing. |
| Please | return | all correspondence concerning | g this matter to: | |
| Joseph (| Cole | | | |
| | | (Contact Person) | | _ |
| Luke22 | LLC | | | |
| | | (Firm/Company) | | _ |
| 10480 5 | S. Hwy | 71. | | |
| | | (Address) | | _ |
| Wewah | itchka l | FL. 32465 | | |
| | | (City/State and Zip Code) | | _ |
| For fu | rther is | nformation concerning this ma | tter, please call: | |
| Joseph | Cole | | 205 at (| 910-1250 |
| | (N | ame of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclos | sed ple | ase find a check made payable | e to the Florida l | Department of State for: |
| ■ \$25 | Filin | g Fec | □ \$55 Filin | g Fee & Certified Copy |
| | <u>Mail</u> ir | ng Address: | | Street Address: |
| | Regi | stration Section | | Registration Section |
| | | sion of Corporations | | Division of Corporations |
| | | Box 6327 | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| | 1 a 11 a | hassee, FL 32314 | | 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 appears of | | epartment |
|--|--|---------------------------------|-----------|
| | ment/registration number assigned to the | | ; |
| 3. The date this mer | nber/manager withdrew/resigned or wi | ll withdraw/resign is: 6/16/25 | |
| 4. 1, Matthew Peek (Print Na | me of Person Resigning) . herel | oy withdraw/resign as a | |
| MGR | Print Titles | | |
| of this limited liab resignation in writ | ility company and affirm the limited liaing. | ability company has been notifi | ied of my |
| Signature of Dis | sociating Member or Resigning Manag | ger | |
| Filing Fee: | \$25.00 (Required) | | |

Certified Copy:

\$30.00 (Optional)