L22000487537

(Requestor's Name)			
(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:			
MAY 22 2024			

Office Use Only



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Section
Corporations of Tallahassee
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2415 N. Monroe Street, Suite 810

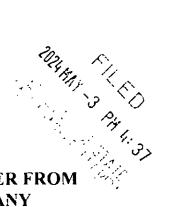
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L22000487537	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: April 26, 2024
4. I, Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	-
Authorized Mem	per	
	(Print Title)	
of this limited lia resignation in wi		he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	