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COVER LETTER

Division of Corporations
SUBJECT: FIVE HOLDINGS COMPANY, LCC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Charles WOIF (Contact Person)
(Firm/Company)
305 ARALIA CIR
PANAMA CITUFL 32408 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Loof at (850) 238 7699 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: [2] \$25 Filing Fee
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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FLORIDA DEPARTMENT OF STATE ALLAHASSEE, FLORIDA 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	limited liability company as it appears on the records of the Florida Department
of State is:	IVE HOLDINGS COMPANY / (C)
	ament/registration number assigned to this limited liability company is:
LZZU	00492544
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Jul. 30,2024
4. I, <u>Lharle</u> (Print N	hereby withdraw/resign as a lame of Person Resigning:
NEW	BER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
1/2	W wy
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	•
Certified Copy:	\$30.00 (Optional)