LZZ000517439

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO: Registratio Division of	n Section f Corporations		
SUBJECT: <u>FC</u>	OYTUNE TITLE (Name of Limi	GOVP,	UC (pany)
The enclosed men	nber, resignation or dissoci	ation and fee(s)) are submitted for filing.
Please return all ec	orrespondence concerning	this matter to:	
Shelly N	(Contact Person)		
	THE GROUP I	110	
	V 65TE AV	,e	
Buca Ro	City/State and Zip Code)	33428	Ŝ
For further inform	ation concerning this matte	er, please call:	
Shelly (Name o	Mels (M f Contact Person)	at (SU) (Area Code) 418 4918 & Daytime Telephone Number)
Enclosed please to	nd a <u>check</u> made payable to		epartment of State for: Fee & Certified Copy
<u>Mailing Add</u> Registratio Division of			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



"ILED

2023 JAN 12 PM 1:00

STARETARY OF STATE TALL THASSEE, FL

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)

_	ited liability company as it ap	pears on the records of the Florida Department
	nt/registration number assigne 2000 517439	ed to this limited fiability company is:
3. The date this membe	r/manager withdrew/resigned	for will withdraw/resign is: $\frac{\sqrt{4/23}}{}$
1.1. Jeffylly	S. Greenburg of Person Resigning)	, hereby withdraw/resign as a
Munager	i Title)	
of this limited liability resignation in writing	• •	ited liability company has been notified of my
Sphitting of Dissoc	ating Member or Resigning	Manager
Filing Fee: \$ Certified Copy: \$	625.00 (Required) 630.00 (Optional)	