

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





04/26/24--01020--014 **25.00



COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: SBMD Enterprise (Name of Limited Liability Company)	LLC
The enclosed member, resignation or dissociation and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to:	
Alec Gordan O (Contact Person)	
(Firm/Company)	
12138 Roclewell way	
Boca Raton FL 33428 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Alet Gorland at (U69) 329 (Name of Contact Person) (Area Code & Daytime	= - 4688 e Telephone Number)
Enclosed please find a check made payable to the Florida Departmen	
Division of Corporations Division P.O. Box 6327 The Cent	Iress: ion Section of Corporations .re of Tallahassee 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)

	limited liability company	• •		da Departme	nt
of State is: 5	BMD Ente	rprisc	- LLC		
2. The Florida docu	ument/registration number	assigned to this	, '<	2021 APR 26	T
	,	······································	?: 		
3. The date this me	mber/manager withdrew/r	resigned or will v	withdraw/resign is: Ali		10
4. I, Alc (Prim N	ame of Person Resigning)	, hereby	withdraw/resign as a	# :30	zi ^{rj}
	(Print Title)	÷			
of this limited lial resignation in wr	bility company and affirm iting.	the limited liabi	ility company has been	notified of m	ıy
aly Du	-0:2				
Signature of Di	ssociating Member or Re	signing Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	· · · · · · · · · · · · · · · · · · ·				