

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Sta	tus
Special Instructions to	Filing Officer:	
		1
	Office Use Only	



04.729.724 -- 01093-- 017 ++75.00







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)

1. The name of the	limited liability company as it appears on the records of the Florida Departme	ent
of State is:	AMP Engraving + Design, UC	
2. The Florida docu	iment/registration number assigned to this limited liability company is	المستده
L0000	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ii G
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 202	4
4. I. ISAAC (Print No.	Porker	
Nan	OOC (Peda Tide)	
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of n	ny
Joan 1	artier	
Signature of Dis	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Conv:	\$30.00 (Optional)	