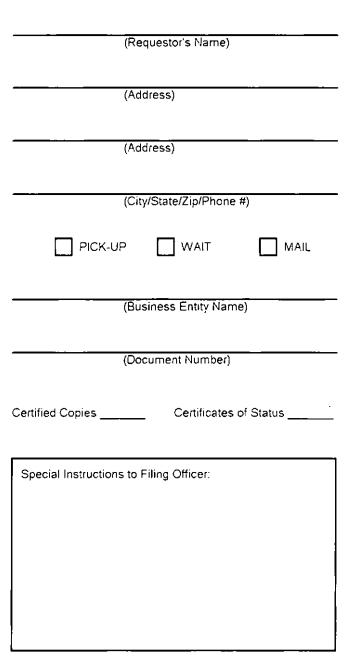
L23000034964

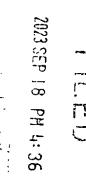


Office Use Only



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09/18/23--01016--024 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dynamite Financial (Name of Limited Liability Comp	Solutions LLC
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Marilyn Nieues (Contact Person)	
Dynamite Financial Solutions (Finn/Company)	UC
1920 SW 135 Way (Address)	
Miramar, FL 33027 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Marilyn Nieves at (954) (Name of Contact Person) (Area Code &	2740-7760 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De S25 Filing Fee ☐ S55 Filing I	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the l	imited liability	company as it appea	rs on the records of the	e Florida	Depart	ment
of State is:	<u>jramite</u>	Firancial	Solutions	LL		·
2. The Florida docur	ment/registration	number assigned t	o this limited liability	company	is:	
L230000	34964	···································				
3. The date this men	nber/manager w	ithdrew/resigned or	will withdraw/resign i	s: 2	123	
4.1. Natalie (Print Na.	Tages me of Person Resig	, he	creby withdraw/resign	as a		
Mana	MGR Print Titlet					
of this limited liabi resignation in writ		nd affirm the limited	I liability company has	been no	tified o	f my
milities		_				
Signature of Dis	sociating Memb	er or Resigning Ma	nager			
Filing Fee: Certified Copy:	\$25.00 (Requ \$30.00 (Option				2023 SEP	
				5.	8	