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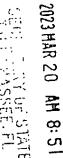
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blank Papers LLC	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Carlos Osorio	
(Contact Person)	
(Firm/Company)	
184 Avocado Ave	
(Address)	
West Palm Beach, FL 33413	
(City/State and Zip Code)	
For further information concerning this i	matter, please call:
Carlos Osorio	at () (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya S25 Filing Fee	ble to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. 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)

	he limited liability company a	• •		ı Depart	ment
2. The Florida d	ocument/registration number a	_	liability company	y is:	
Mario Callog	member/manager withdrew/re		-	2023	<u> </u>
Member					
resignation in	(Print Title) liability company and affirm t		SECRICTARY OF STALE TALBAMASSEE, FL	20	画 LED
Filing Fee:	\$25.00 (Required)				

\$25.00 (Required)

\$30.00 (Optional)

Certified Copy: