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To: Division of Corporations  
Fax Number : (850)617-6383

From: Jennifer L. Williamson, Esq.  
Account Name : CMARY, BUCHANAN, BOGDISH, ET AL  
Account Number : 876424881425  
Phone : (772)233-4602  
Fax Number : (772)398-8122

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kbrown@mkbrownholdings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LBV2, LLC

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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 Department of State is: LBV2, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000094059

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/03/23

4. I, Kristin D. Brown, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "K. Brown", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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