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To:

Division of Componetions

Fax Number : (850)617-6383

From:

Account Name : AADING CONSULTING GROUP INC Account Number : IZE220000813

Account Number : I20220000013 Phone : (407)376-2911 Fax Number : (407)674-2255

LLC DISSOLUTION OR WITHDRAWAL ONTIME-SOLUTIONS USA LLC

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COVER LETTER

| | stration Section sion of Corporations | | | | | |
|---------------------------|---|-------------------------------------|--|--|--|--|
| SUBJECT: | ONTIME-SOLUTIONS USA LLC | | | | | |
| | (Name of Limit | (Name of Limited Liability Company) | | | | |
| The enclosed | i member, resignation or dissocia | tion and fee(| s) are submitted for filing. | | | |
| | all correspondence concerning the | | | | | |
| JACOB WAY | NE LONG | | | | | |
| - | (Contact Person) | | | | | |
| | (Firm/Company) | | _ | | | |
| 873 FOXSPRII | NGS DR APT K | | | | | |
| | (Address) | | - | | | |
| CHESTERFIE | LD, MO 63017 | | | | | |
| | (City/State and Zip Code) | | _ | | | |
| For further in | nformation concerning this matter | r, please call: | | | | |
| JACOB WAYI | NE LONG | 689 at (| 465-2986 | | | |
| (N | ame of Contact Person) | | & Daytime Telephone Number) | | | |
| Enclosed ple \$25 Filing | ease find a check made payable to g Fee | | Department of State for: g Fee & Certified Copy | | | |
| Regis Divis P.O. | ne Address: stration Section sion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

CR2E079 (2/14)

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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 Flori | ida Dena | rimeni | , |
|------------------------------------|--|---|---------------------|-------------|---|
| of State is: ON | TIME-SOLUTIONS USA LLC | | .au Dopu | · | |
| 2. The Florida doc L23000111664 | ument/registration number as | ssigned to this limited liability compa | iny is: | · | |
| , , JACOB WAYN | E LONG | igned or will withdraw/resign is: 04/0 | 4/2023 | | |
| 4. I, Print N | Jame of Person Resigning | , hereby withdraw/resign as a | | | |
| MGR | , and a second second | | | | |
| | (Print Tule) | | | | |
| | } | e limited liability company has beent | notified (| of my | |
| Signature of D | ssociating Member or Resign | ning Manager | | ر ا | = |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | · 0.5 0.5 0.5 | PH 3: 09 | = |