L23000 1147-58

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIS				
AUS - 1 2013				

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: PROFUSION DYNAM. (Name of Limited Liability Con	
The en	closed member, resignation or dissociation and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to:	
	Sean Flahertz; (Contact Person)	_
P	ROFUSION DYNAMICS L (Firm/Company)	L C
	5350 BUSY BEE DRIVE (Address)	_
دو خود ما کند.	ON!TA SPRINGS FL 34135 (City/State and Zip Code)	_
For fu	rther information concerning this matter, please call:	
Sei		923-0069
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)
	ed please find a check made payable to the Florida I Filing Fee	Department of State for: g 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

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)

	f the limited liability company as i	• •	•	artment
2. The Florida	document/registration number ass	igned to this limite	ed liability company is:	
L23	000114758			
4. I. MOUKO	s member/manager withdrew/resigning)			<u>)-2</u> 3
/	MGR (Print Title)			
of this limited resignation in	d liability company and affirm the writing.	limited liability co	ompany has been notified	•
Signature of	of Dissociating Member or Resign	ing Manager	-	2023 JUN -:
Filing Fee:	\$25.00 (Required)			2- №

Certified Copy:

\$30.00 (Optional)