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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Puppercuts of I	NVEYNESS ility Company)
The enclosed member, resignation or dissociation as	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Lauren Bossa (Contact Person)	<u> </u>
Pupper cuts of Inverness (Firm/Company)	
4080 S. Big Al Point (Address)	
INVERVESS Florida 3445 (City/State and Zip Code)	2
For further information concerning this matter, please	
Lauren Bossa at (7 (Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	
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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	uppercuts of Inverness L-LC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u>L23</u>	000132404
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 4/1/23
4.1, Michael	me of Person Resigning), hereby withdraw/resign as a
mana	NOY
of this limited liab resignation in wri	sility company and affirm the limited liability company has been notified of my ting.
/Signature of Dis	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)