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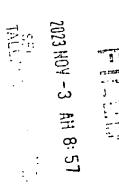
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5PD TEAM LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
PATRICK CASTAGNA (Contact Person)
SPD TEAM LLC (Firm/Company)
2050 N. Dixie Hwy Apr407
Wilton MANOFS, Fl. 33305 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (56/) 6/3-/3Z2 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma \text{\$\subset\$}\$\$\square\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 a	s it appears on the records of t	the Florida De	partmo	ent
of State is: S	PD Team 66	e			- ·
2. The Florida docu	ment/registration number a	ssigned to this limited liability	y company is:		
L2300	00159431				
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	n is: <u>10-3</u>	<u> 1 - ZO</u>	123
4. 1, <u>PATRIC</u> (Print N	K CASTAGN ame of Person Resigning)	∠	n as a		
_MG					
		he limited liability company h			ny
resignation in wri	iting.		SEC!	2023 HOV	
(after)	(unest			- AON	
Signature of Di	ssociating Member or Resig	gning Manager	•	ယ်	j '
				÷ 6:	
~	\$25.00 (Required)		•	ş: 57	_
Certified Copy:	\$30.00 (Optional)				