## L23 000 171 701

| (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: |
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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)

| 4. I, Brooke R Whitlow 4. I, Print Name of Person Resigning) Chief Financial Operator (Print Title)  of this limited liability company and affirm the limit resignation in writing. | <del>-</del>                                 |
|---|--|
| 4. I, Brooke R Whitlow  | <del>-</del>                                 |
| 4. I,   | nereby withdraw/resign as a                  |
| Chief Financial Operator (Print Title)  of this limited liability company and affirm the limite   | ,  |
| (Print Title)  of this limited liability company and affirm the limite  |  |
| of this limited liability company and affirm the limit  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |
|   | ed liability company has been notified of my |
| Broke 121 V   |  |
| Signature of Dissociating Member or Resigning M   | <b>023</b>                                   |
| Filing Fee: \$25.00 (Required)  | APR 24                                       |
| Certified Copy: \$30.00 (Optional)  | 24 L   |

## **COVER LETTE**

TO: Registration Section **Division of Corporations** A&B Whit Solutions LLC **SUBJECT:** (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: John A Whitlow (Contact Person) **A&B Whit Solutions** (Firm/Company) 1863 59th Way N (Address) St Petersburg, FL 33710 (City/State and Zip Code) For further information concerning this matter, please call: Brooke R Whitlow 727 434-4951 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303