## L23000172021

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## COVER LETTER

TO:	_	stration Section iion of Corporations		
SUBJ	ECT:	NG LIFE LLC		
	(Name of Limited Liability Company)			
The er	nclosed	I member, resignation or dissoc	iation and fee(	s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
Christe	opher Sn	nith, Esq.		
		(Contact Person)		<del></del>
SmithL	Law Atto	orneys PA		
		(Firm <sup>1</sup> Company)		_
1561 L	akefron	t Dr Unit 204		
		(Address)		_
Saraso	ta, FL 3-	4240		
		(City/State and Zip Code)		n, marke
For fu	irther ii	nformation concerning this mat	ter, please call:	
Christo	opher Si	nith	94] at (	202-2222
	(N	ame of Contact Person)		e & Daytime Telephone Number)
	sed plo 5 Filin	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
	Regi: Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, 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)



2024 COM 16 PM 12: 10

## 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)

	limited liability company as it appears on the records of the Florida Department IFE LLC
2. The Florida doc L23000172021	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/31/2023
MINICIPE CITY	, hereby withdraw/resign as a lame of Person Resigning)
authorized memb	
	(Print Title)
of this limited lia resignation in wa	bility company and affirm the limited liability company has been notified of my iting.
Docusioned by:  Xing Shuna G	u
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)