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(Reque	stor's Name)			
(Addres	es)			
(Addres	ss)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filin	g Officer:			

Office Use Only



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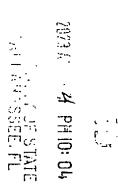
COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Platinum	mited Liability Company)						
(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:							
Edjar Browne (Contact Person)	· 						
Platour Palois (Firm/Company)	Realty LLC						
(Firm/Company)							
8241 NW 165th 1							
(City/State and Zip Code)	- 33016						
For further information concerning this mat	ter, please call:						
Edgar Brothe (Name of Contact Person)	at (750) 451 - 7223 (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable (\$25 Filing Fee	•						
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)



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 liabilit	y company as i	t appears on the r	ecords of the Fl	orida Department
of State is:	H. num	Palms	1220114	LIC	
2. The Florida docu	ıment/registrat	ion number ass	igned to this limi	ted liability com	pany is:
L2300	01720	53	·		
3. The date this men	mber/manager	withdrew/resig	gned or will witho	lraw/resign is:	1/25/2023
4. I, Jonathan (Print No.	UZ ame of Person Re	signing)	, hereby with	draw/resign as a	
Authorized					
of this limited liab resignation in wri		and affirm the	limited liability o	company has bee	en notified of my
Signature of Di	ssociating Mer	nber or Resign	ing Manager	_	
Filing Fee:					
Certified Copy:	\$30.00 (On	tional)			