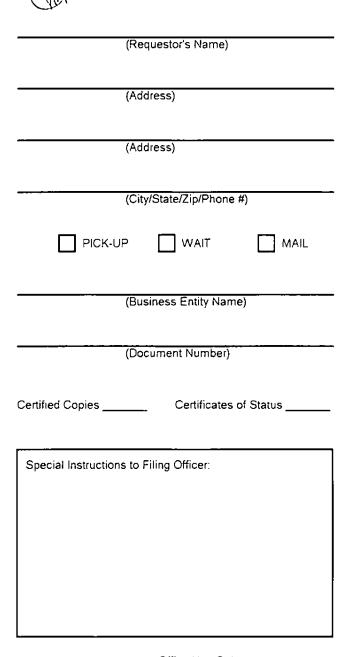
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Mad Modz Toyz	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Tyler Turner	
(Contact Person)	
(Firm/Company)	
11320 52ND RD N	
(Address)	
WEST PALM BEACH, FL 33411	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Tyler Turner	561 348-0371 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable i	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
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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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)

The name of the limited liability company of State is: Mad Modz Toyz	y as it appears on the records of th	e Florida Department
2. The Florida document/registration numbe	er assigned to this limited liability	company is:
3. The date this member/manager withdrew/	/resigned or will withdraw/resign	1/1 0/ 24 is:
	, hereby withdraw/resign	
CEO		
(Print Title)	_ .	
of this limited liability company and affirm resignation in writing.	n the limited liability company has	s been notified of my
Lis Canitan		202
Signature of Dissociating Member or Re	signing Manager	FIL 2024 JAN 22 31 ACT SAR
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		PH 4:3