



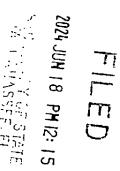
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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08/18/24--01028--008 **25.00



COVER LETTER

TO:	_	stration Section ion of Corporations			
SUBJ	ECT:	Shameless Vegan LLC			
		(Name of Limited Liability Company)			
The er	nclosed	member, resignation or dissociate	tion and fee(s	s) are submitted for filing.	
Please	ereturn	all correspondence concerning th	nis matter to:		
Tatiana	a Greenl	nill			
		(Contact Person)		_	
Shame	less Veg	gan LLC			
		(Firm/Company)		_	
700 S.	Rosema	ry Ave. Suite 204			
		(Address)		-	
West F	Palm Bea	ach/ Florida 33401			
	· · · · · ·	(City/State and Zip Code)		_	
For fu	rther in	nformation concerning this matter	, please call:		
Tatiana	a Greenl		561 at (891-4143	
	(N	ame of Contact Person)		2 & Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
	Regis Divis P.O.	ng Address: Stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



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 a	• •	•
2. The Florida doc L23000224043	ument/registration number a	assigned to this limited liabi	lity company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	ign is: 4/15/2024
Dainia Webb	lame of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability company	has been notified of my
Dain W	elde.		
Signature of D	ssociating Member or Resig	gning Manager	2024
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILE 2024 JUN 18 PM 1-300 ARY JA TAUL AHASSE