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COVER LETTER

SUBJECT: Space Coast Vintage Toys LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

J

Registration Section

Shaun Guimond
(Contact Person)

Space Coast Vintage Toys LLC

8886 LO5th C+
(Address)

Vero Beach FL 32967
(City/State and Zip Code)

For further information concerning this matter, please call:

Shaur Gulmand at (308) 390-5168
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sum \\$\sum \\$\\$55 \text{ Filing Fee & Certified Copy}\$

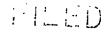
Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:





2023 OCT 20 AM 8: 57

TALLAHASSEE, FLORIDA

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 liability company as it appears on the records of the Florida Department of State is: Space Coast Vintage Toys LLC.	
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2. The Florida decomposition investigation and the state of the LECTURE.	
2. The Florida document/registration number assigned to this limited liability company is:	
L 23000 230 341	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/18/207	2.3
4. I, Shaun Levite Gusmonthereby withdraw/resign as a (Print Name of Person Resigning)	
Manage ((Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Man L. Guinon	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	