## L23000233177

(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:				
J DENNIS				
AUG - 4 2023				

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	PLP Ventures LLC	· · · · · · · · · · · · · · · · · · ·		
	(Name of Lin	nited Liability Co	ompany)	
The e	nclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to	:	
R	afact R Dominguez			
	(Contact Person)		_	
	(Firm/Company)		<del></del>	
	8220 SW 98th Street			
	(Address)		<del>_</del>	
	Miami FL 33156			
	(City/State and Zip Code)		<del></del>	
For fu	irther information concerning this matt	er, please call	:	
Ra	tfael R Dominguez	786 at (	423-8303	
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
	sed please find a check made payable t 5 Filing Fee		Department of State for: ng 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	



## 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 as it appears on the records of the Florida Department
	of State is: PLP Ventures LLC
2.	The Florida document/registration number assigned to this limited liability company is:  L23000233177
3.	The date this member/manager withdrew/resigned or will withdraw/resign is:
4	I,, hereby withdraw/resign as a
•	(Print Name of Person Resigning)
	Manager
r	(Print Title)  of this limited liability company and affirm the limited liability company has been notified of my
	esignation in writing
<u></u>	Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

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Filing Fee:

Certified Copy: