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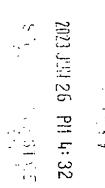
Division of Corporations Janet Hicks, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Janet Hicks (Contact Person) Janet Hicks, LLC (Firm/Company) 17855 Green Willow Drive (Address) Tampa, FL 33647 (City/State and Zip Code) For further information concerning this matter, please call: Janet Hicks (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable 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

CR2E079 (2/14)

TO: Registration Section



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 of State is:	• •	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: June 15, 2023
4. I. Dwayne Hicks		, hereby withdraw/resign as a
	lame of Person Resigning)	, notedy withdrawitesign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
(-1/1	Ship Ships	J
Signature of D	issociating Member or Resig	ming Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	