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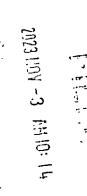
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| 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: |
| Jonathan Cruz (Contact Person) |
| (Firm/Company) |
| 2928 Chantilly Ave |
| Wissimple FL 34741 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at (|
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$ |
| Mailing Address: Registration Section Street Address: Registration Section |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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 appear | rs on the records of the Flor | rida Department |
|----------------------|---|-------------------------------|---|
| of State is: | inylplug FL U | | · |
| 2. The Florida docu | iment/registration number assigned t | o this limited liability comp | oany is: |
| L230 | 00311769 | | |
| 3. The date this me | mber/manager withdrew/resigned or | will withdrawlesign is: | <u>6-28-2023</u> |
| 4.1, Odette | e ESTUda TUVCEShe ame of Person Resigning) | | |
| Apoi | Hed Def. Print Title) | | 2023 |
| of this limited liab | oility company and affirm the limited | lliability company has beer | |
| resignation in wri | | | - Grander - Gra |
| Signature of Di | ssociating Member or Resigning Ma | nager | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |