L23000314659

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(only-outer-2)pri Holle hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
'
Special Instructions to Filing Officer:

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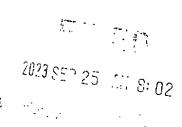


C17/203

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Consigment Corner LLC		
	(Name of I	Limited Liability Co	mpany)
The e	nclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to:	
Stanle	y Mandel CPA		
	(Contact Person)		
РРМТ	Strategic Group LLC		
	(Firm/Company)		_
9655 S	South Dixie Highway Suite 100		
	(Address)		_
Pinecr	est, FL 33156		
	(City/State and Zip Code)		_
For fi	urther information concerning this m	atter, please call:	:
Stanle	y Mandel	305 a t (232-2931
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclo	sed please find a check made payab	le to the Florida l	Department of State for:
■ \$2	5 Filing Fee	□ \$55 Filin	g 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)

	limited liability company as it appears on the records of the Florida Department gnment Corner LLC
2. The Florida docs L23000314659	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8/1/2023
4. I,	, hereby withdraw/resign as a large of Person Resigning)
Managing Membe	er
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)