L23000315481

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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TAIL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Your - My Life (Name of Limited)	E LLC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Calcifer Gardner (Contact Person)	
Your My Life LLC (Firm/Company)	<u> </u>
1317 Edgewater	DR.
Delando, FL 32802 (City/State and Zip Code)	4
For further information concerning this matter, p	please call:
Name of Contact Person) at	(321) 800 - 8759 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ✓ \$25 Filing Fee	ne Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 compan	y as it appears	on the records	of the Florida Depa	artment
of State is:	our - My Lif.	e LLC			
2. The Florida doc	ument/registration numbe	er assigned to	this limited liab	oility company is:	
L230	00315481				
	mber/manager withdrew				_623
4. I. Roche (Print N	lame of Person Resigning)	, here	eby withdraw/re	esign as a	
M	Carager (Print Title)				
of this limited lia resignation in wr	bility company and affirriting.	m the limited l	iability compan	y has been notified	of my
Signature of D	ssociating Member or Re	esigning Mana	iger	201 TÃ	
	\$25.00 (Required) \$30.00 (Optional)			2023 AUG -4 PM	71
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