## L23000338975

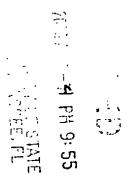
(Red	questor's Name)			
obA)	dress)	<del></del>		
(Add	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certifiec Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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08/04/23--01023--014 \*\*25.00



R. HURT 08/04/23

## **COVER LETTER**

Divis	sion of Corporations						
SUBJECT:	Verseplex LLC						
	(Name of Limited Liability Company)						
The enclosed	d member, resignation or diss	sociation and fee	(s) are submitted fo	or filing.			
Please return	n all correspondence concern	ing this matter to	):				
Stacee Lanz							
	(Contact Person)		<u> </u>				
Verseplex LLC	3						
	(Firm/Company)				F 3		
11419 W PAL	METTO PARK RD STE A #9714	122			(a) (c) (c)		
•	(Address)		<u> </u>	77. 2	í		
BOCA RATO	N. FL 33497			200 000	꿔 PH 9: 55		
	(City/State and Zip Code)			ني رين بي رين	H-9		
For further is	nformation concerning this n	natter, please call	<b>I</b> :	FL	55		
Stacee Lanz		561 at (	4549631				
(N	lame of Contact Person)		le & Daytime Teleph	ione Number)			
Enclosed ple	ease find a check made payab	ole to the Florida	Department of Star	te for:			
■ \$25 Filing	g Fee	□ \$55 Filir	ng Fee & Certified	Сору			
Mailir	ng Address:		Street Address:				
Regis			Registration Section				
	Division of Corporations Division of Corporations						
P.O.	Box 6327		The Centre of Tallahassee				
Talla	hassee, 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)

	e limited liability company	as it appears on the records of the Florida Department
2. The Florida doc L23000338975	ument/registration number	assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/r	esigned or will withdraw/resign is: 07/31/2023
1. I. Tarkan Doser (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print )	Name of Person Resigning)	•
MGR		
	(Print Title)	
of this limited lia resignation in wi	ibility company and affirm riting.	the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
_	\$30.00 (Optional)	
	` '	<del>-</del> ->