

2/23/24, 10:14 AM

Division of Corporations

H24000072982 3

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L 23000352547**

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Fax Number : (850)617-6383

From: Account Name : ADVOS LEGAL PLLC  
Account Number : T20150000090  
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DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

\*\* the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: support@advoslegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE COLLECTIVE GROUP EXPERIENCES LLC

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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)

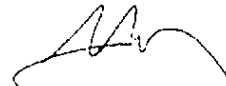
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: THE COLLECTIVE GROUP EXPERIENCES LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000352547

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/23/24

4. I, Michael Munz, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
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