L23000378342

(Requ	estor's Name)			
(Addre	ess)	 		
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(City/S	State/Zip/Phon	e #)		
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Sauce	rSwap Labs. LLC	
		imited Liability Con	npany)
The e	nclosed member, resignation or disso	ciation and fee(s	e) are submitted for filing.
Please	e return all correspondence concernin	g this matter to:	
	John Montague		
	(Contact Person)		_
	Montague Law, PLLC		
	(Firm/Company)		_
	5472 1st Coast HWY. Suite 14		
	(Address)		_
	Fernandina Beach, FL 32034		
	(City/State and Zip Code)		-
For fu	orther information concerning this ma	itter, please call:	
	John Montague	at ((904)	753-6462
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>(Pursuant to 605.0216, Florida Statutes)</u>

1. The name of t	ne limited liability company a	as it appears on the records of the Florida Department
of State is:	SaucerSwap Labs. LLC	·
2. The Florida do	ocument/registration number a	assigned to this limited liability company is:
	1.23000378342	
3. The date this r	nember/manager withdrew/re	esigned or will withdraw/resign is: February 4, 2025
NO 1 1 11		, hereby withdraw/resign as a
	Name of Person Resigning)	
Ma	mager & Member	
(Print Title)		
of this limited resignation in		the limited liability company has been notified of my
Signature of	Dissociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	