123000516107

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

Office Use Only



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09/03/24--01029--015 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
Hyperkitteh LLC SUBJECT:			
(Name o	of Limited Liability C	Company)	
The enclosed member, resignation or di	ssociation and fee	e(s) are submitted for	filing.
Please return all correspondence concer	ning this matter to	o:	
Jeffrey Massie			~ <u>.</u>
(Contact Person)			SECO SECONO
(Formerly) Hyperkitteh	lle		2024 SEP -3 PH 2: 24 SECRETARY OF STATE
(Firm/Company)			550 Pe
341 Hillman Ave			E. S. 1. 5: 5
(Address)			温量
Orlando FL 32803			
(City/State and Zip Code)			
For further information concerning this	matter, please cal	II:	
Jeffrey Massic	321 at (247-2154	
(Name of Contact Person)		de & Daytime Telepho	one Number)
Enclosed please find a check made paya	able to the Florida	a Department of State	e for:
¥\$25 Filing Fee		ing Fee & Certified C	
Mailing Address:		Street Address:	
Registration Section		Registration Secti	
Division of Corporations P.O. Box 6327		Division of Corpo The Centre of Tal	
Tallahassee, FL 32314		2415 N. Monroe S	

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	• •	-
2. The Florida doc	ument/registration number as	ssigned to this limited liab	pility company is:
L23000516107			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/re	08/28/2024 sign is:
4. I, Jeffrey II Massie, hereby with, hereby with		hereby withdraw/re	esion as a
(Print N	lame of Person Resigning)	, nereby windrawire	isign as a
Manager			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability compan	ny has been notified of my
	$\overline{}$		
			
Signature of D	issociating Member or Resig	ning Manager	E SECRETARY TALLAHA
Filing Fee:	\$25.00 (Required)		
_	\$30.00 (Optional)		Y OF ST