LZH000034508

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





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2024 HAY 22 PM 2: 27 SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Forever In Parlay LLC (Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee((s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Roberto Alonso III	
(Contact Person)	
	SI 201
(Firm/Company)	THE T
1542 Maypop Road	LAND LAND
(Address)	PH PH
West Palm Beach, FL 33415	2021 MAY 22 PH 2: 27 SECRETARY OF STATE STAIL ANASSEE, FL.
(City/State and Zip Code)	. اسا
For further information concerning this matter, please call	
Roberto Alonso III at (561 (Name of Contact Person) (Area Cod	202 5605 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

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 company as it appears on the records of the Florida Department
	rever In Parlay
	ment/registration number assigned to this limited liability company is:
L2400	0034508
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 5/14/2024
4.1. Roberti	(A N
_	Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my
19XVIII	Manight
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)