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SECRETARY OF STATE
STATE ANASSES FI

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: 360 Townhow (Name of Limited Liabi	ise A LLC
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Cohenn Bowmen (Contact Person)	
(Contact Person)	
(Firm/Company)	
3548 3 Street Sout	4 #58
(Address)	
Tax FC 322 (City/State and Zip Code)	50
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
(Name of Contact Person) at (Are	704, 686. 4417
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for:
☐ \$25 Filing Fee ☐ \$55	Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee FL 32314	The Centre of Tallahassee
DUDANSSAY PT 17114	74 D IN MORFOE SITEEL SHITE STO

Tallahassee, FL 32303

2024 FEB 20 PH 2: 3 SECRETARY OF STA

CR2F079 (2/14)



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)

2024 FEB 20 PH 2: 3 SECRETARY OF STA

CR2E079 (2/14)