L24000088298

(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.

umills

Office Use Only

100425689061

03/20/24--01026--020 **55.00

FILED
2024 MAR 20 PM 5:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIRRx of South Florida LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gregoire G Gasparini
(Contact Person)

PIRRx of South Florda LLC
(Firm/Company)

6128 Governor Barbour St
(Address)

Barboursville VA . 22923
(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Gasparini at (434) 4669094
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ $25 Filing Fee ■ $55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PIRRx of South Florida LLC.

2. The Florida document/registration number assigned to this limited liability company is: L24000088298.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/05/2024

4. I, Michael J Ciccarelli, *(Print Name of Person Resigning)* hereby withdraw/resign as a owner *(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

FILED
2024 MAR 20 PM 5:15
SEC. OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (2/14)

ASSIGNMENT AND TRANSFER OF MEMBERSHIP INTEREST

I, Michael Ciccarelli, (the "Assignor"), do hereby transfer and assign all or my right, title and interest in and to my entire membership interest in: PIRRx of South Florida LLC (name of LLC), A _____ limited liability company (the "Company"), to: Gregoire G Gasparini, (the "Assignee"), and agree that the Assignee shall be substituted as the owner in the company in place of myself.

Michael Ciccarelli, Member of Assignor

Dated: March 5th, 2024

ACCEPTANCE OR ASSIGNMENT AND TRANSFER OF MEMBERSHIP INTEREST

The undersigned Assignee hereby consents to, and accepts the above Assignment and Transfer. Furthermore, the undersigned Assignee (i) desires to be admitted to the Company as a member in the place and stead of the Assignor, with respect to the transferred membership interest of Assignor. (ii) assumes and agrees to perform the obligations of a member of the Company with respect to the transferred membership interest, (iii) aggress to be bound by, and to perform the provisions of, the Operating Agreement of the Company, with respect to the membership interest transferred and assigned to the Assignee, (iv) shall execute and deliver to the Company such other instruments and documents as the other members shall require, and (v) shall promptly deliver to the Company and executed copy of the document.

Dated: March 5th, 2024

Gregoire G Gasparini

Gregoire G Gasparini Member of Assignee