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## **COVER LETTER**

TO:		stration Section sion of Corporations				
CHDI	ECT:	CONDOR PLC SUITES ,LLC				
30 b)	ice i.	(Name of Limited Liability Company)				
The e	nclose	d member, resignation or dissociati	on and fee(s)	are submitted for filing.		
Pleas	e returi	all correspondence concerning the	is matter to:			
ARM.	ANDO "	TALAMO				
		(Contact Person)				
CONI	DOR PL	C SUITES ,LLC				
_		(Firm/Company)		•		
444 13	BRICKE	LL AVE STE P-60		_		
		(Address)				
MIA	MLFL 3	3131				
		(City/State and Zip Code)		-		
For t	urther	information concerning this matter	, please call:			
ARM	IANDO	TALAMO	614 at (	3852589		
	(i	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	osed pl 25 Filii	lease find a check made payable to ng Fee	the Florida E  ☐ \$55 Filing	Department of State for: g Fee & Certified Copy		
	Reg Div P.O	ling Address: cistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

	imited liability company as it OR PLC SUITES ,LLC	appears on the records of the Florida Department
		gned to this limited liability company is:
		ned or will withdraw/resign is: 22/27/2024, hereby withdraw/resign as a-
AP (Authorized P	erson) . RA (Registered Agent Print Title)	
of this limited liab resignation in wri		limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	