La4000126742 (Requestor's Name) (Address) 800439189138 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL SECRETARY OF STATE (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer: Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

(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:

CARMAN RESS

(Contact Person)

1 ANSWER AWAY BAIL BONDS

(Firm/Company)

350 EAST ADAMS ST.

(Address)

JACKSONVILLE, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

 CARMAN RES
 904
 442-4065

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

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

FILED 2024 NOV 13 PH 7: 45

CRETARY OF STAT ALLAHASSEE, FL

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: _____

2.	The Florida document/registration number assigne	ed to this limited liability compa	my March	2024	
	L24000126742		LAH	I AON	
3.	The date this member/manager withdrew/resigned	or will withdraw/resign is:	5/2024	3 PH	
4.		, hereby withdraw/resign as a	E. FL	7: 4:	D
	(Print Name of Person Resigning)		m	01	

MEMBER.

(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

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