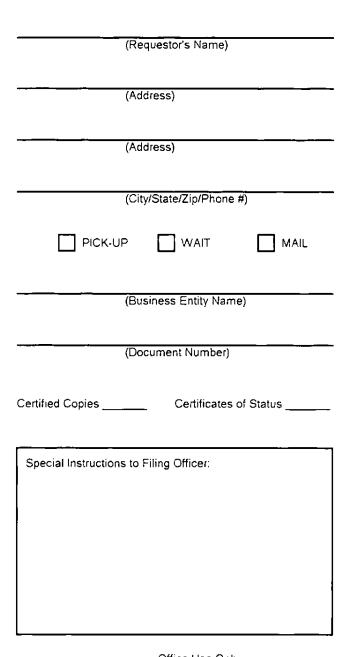
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125 L. S. B. S. F.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
(Name of Limit	ted Liability (Company)
The enclosed member, resignation or dissocia	ition and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter t	10:
LUCIANO LAMENDIA		
(Contact Person)		
TIPSY TOPPERS		
(Firm/Company)		
22465 SW 88TH PATH		
(Address)		
CUTLER BAY, FLORIDA 33190		
(City/State and Zip Code)		
For further information concerning this matte	r, please ca	ill:
LUCIANO LAMENDIA	786 at (362 2670)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		a Department of State for: ling 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



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)

	Y TOPPERS LLC ument/registration number a	ssigned to this limited liability company is:
1.24000143313		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 4/3/2024
JOSHUA BAEZ		harahy withdraw/racian as a
4, 1, (Print N	Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		
·	(Print Title)	
resignation in wi	riting.	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	73 73 73
Certified Copy.	\$50.00 (Optional)	j
		च रे इ.स. १८००