124000 Mal

(Re	questor's Name)			
(Add	dress)	 		
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	<i>7.</i> 7.	HORNE IN 28 2024		
				

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COVER LETTER

TO:	~	stration Section ion of Corporations		
SUBJ	JECT:	FUTVE LLC	imited Liability Con	npany)
Thora	noloess	I member, resignation or diss		
				, C
Please	e return	all correspondence concerni	ng this matter to.	
Carola	a Olses			_
		(Contact Person)		
Cales	W LLC			
		(Firm/Company)		_
1025	E Hallan	idale Beach Suite 15		
		(Address)		
Hallar	ndale Be	each, FL. 33009		
	_	(City/State and Zip Code)		-
For fi	urther i	information concerning this m	natter, please call:	
Carol	a Olses		786 at (5699706
_	(1)	Name of Contact Person)		e & Daytime Telephone Number)
	osed pl 25 Filir	ease find a check made payab ng Fee	ole to the Florida I	Department of State for: g Fee & Certified Copy
	Reg Divi P.O	ing Address: istration Section ision of Corporations . Box 6327 ahassee, 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)

	limited liability company as it a	•	Florida Department
	ument/registration number assign		mpany is:
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is:	May 15, 2024
Carolo Olcac	ame of Person Resigning)		
Manager			
of this limited lial resignation in wr			een notified of my
Signature of Di	ssociating Member or Resigning	g Manager	
	\$25.00 (Required)		
Centilea Copy:	\$30.00 (Optional)		