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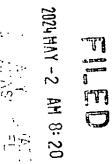
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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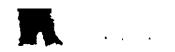
05/02/24--01014--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Black diamon & Cálers (Name of Limit	LLC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the local distribution of	
Black d'agreed tenles LLC (Firm/Company) 6827 Partide Ln	2024 HAY -2 AM 8: 20
(Address) (Address) (City/State and Zip Code)	8: 20
For further information concerning this matter CRMY HUCL (Name of Contact Person)	
Enclosed please find a check made payable to \$\overline{\mathbb{X}}\) \$25 Filing Fee	the Florida Department of State for: ☐ \$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





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 appears on the record	ds of the Florida Department	
3. The date this ment of this limited liab resignation in wri	mber/manager withdrew/resigned or will withdraw/ , hereby withdraw/ iame of Person Resigning) (Print Title) bility company and affirm the limited liability comp	/resign is: ///S 2024 /resign as a AHAS	5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		