122000288541

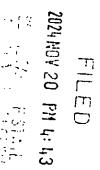
	(Requestor's Name)	<u>-</u> .		
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
	J. HORNE DEC 18 2024			

Office Use Only



500439816665

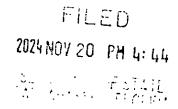
11/20/24--01011--012 **25.00



COVER LETTER

TO:	Regi	stration Section			
	Divis	sion of Corporations			
SUBJ	JECT:	Optimize 360 LLC			
		(Name of L	imited	Liability Co	ompany)
The e	nclosed	d member, resignation or disso	ociatio	on and fee	(s) are submitted for filing.
Please	e returr	n all correspondence concernir	ıg thi	s matter to	:
James	Bothe				
		(Contact Person)			_
		(Firm/Company)			
13046	52nd Co	ourt N.			
		(Address)			_
Royal	Palm Be	each, FL 33411			
		(City/State and Zip Code)			~ ~
For fu	urther i	nformation concerning this ma	atter.	please call	:
James	Bothe		a	561 t (255-5895
	(N	lame of Contact Person)			le & Daytime Telephone Number)
Enclo	sed ple	ease find a check made payable	e to t	he Florida	Department of State for:
	5 Filin	• •			ng Fee & Certified Copy
	Maili	ng Address:			Street Address:
	Regi	stration Section			Registration Section
		sion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	ratla	hassee. FL 32314			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 records of the Florida Department nize 360 LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
James Bothe	haraby withdraw/rasium as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)