

## L24 000 289 838

(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:						





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## **COVER LETTER**

TO:		stration Section sion of Corporations			
SUBJ	ECT:	DOS HEROES, LLC	Limited	l Liability Co	mpany)
The en	nclosed	d member, resignation or diss			
		n all correspondence concerni			Ū
SAMA	NTHA	BRATTER			
		(Contact Person)			<del>-</del>
THE B	RATTE	ER AGENCY LLC			
		(Firm/Company)		·	~
1688 N	MERIDI.	AN AVENUE STE 310			
		(Address)			_
MIAM	I BEAC	CH. FL 33139			
		(City/State and Zip Code)			~
For fu	rther i	nformation concerning this m	atter,	please call:	
SAMA	NTHA	BRATTER	a	305 t (	582-2381
	(N	lame of Contact Person)			2 & Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payab g Fee			Department of State for: g Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company as	s it appears on the records of the Flo	rida Department
		ssigned to this limited liability comp	oany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	:/19/2024
4. I,	AGENCY LLC	, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
MGR			
-	Print Title)		
of this limited lial resignation in wr		he limited liability company has bee	n notified of my
<i>X</i>	824		2(
Signature of Di	ssociating Member or Resignation	gning Manager	2024 AUG 2 I
Filing Fee:	\$25.00 (Required)		:2
	\$30.00 (Optional)		<u> </u>
			<del></del>
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