## L24000461489

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





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SCURCHARY OF STATE TALLAHASSEE, FLORIDA

2025 AUG 20 PM 6: 17

OCT 6.7

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECI:	2468 LLC  Liability Company)
The e	nclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please	e return all correspondence concerning this	matter to:
	Lawrence E. Blacke, Esq.	
	(Contact Person)	<del></del>
L.	an influe of Lancen	e E.B Cucke, P.A.
	(Firm/Company)	<del></del>
	3326 N.E. 33RD Street Ft. Lauderdaje, FL 33308	<del></del>
	(City/State and Zip Code)	
For fu	orther information concerning this matter, p	please call:
	Lawrence E. Blacke, Esq.	954, 566-5070
		(Area Code & Daytime Telephone Number)
	sed please find a check made payable to the 5 Filing Fee	e 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)

1. The name of the	limited liability company	y as it appears on the records of the Florid	a Department
	DJM 2468		<u></u> .
2. The Florida docu	ıment/registration number	r assigned to this limited liability compan	ıy is:
L248	00461489		
3. The date this me 4. I,	mber/manager withdrew/in Ael PA12(5) ame of Person Resigning)	resigned or will withdraw/resign is: S	18/2015
<u> </u>	IMBR (Print Title)	<b>-</b> ·	
of this limited lial resignation in wr	• •	n the limited liability company has been n	otified of my
Micha	el Parise		
Signature of Di	ssociating Member or Res	signing Manager	
			2025 AUG SECNETA
_	\$25.00 (Required)		AUG (ARE)
Certified Copy:	\$30.00 (Optional)		3.2 2.5 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3