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PICK-UP	MAIT	MAIL		
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COVER LETTER

_	ion Section of Corporations			
Division	or corporations			
SUBJECT: 531	MC4 Holdings LLC			
	(Name of	Limited Liability Co	mpany)	
The enclosed me	mber, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return all	correspondence concern	ing this matter to:	:	
Matt McCartney				~2
	(Contact Person)		- NLI	025 }
531 MC4 Holding L	.LC		200 - 200 -	MAR 2
	(Firm/Company)		-	οο హ•
3668 Watercrest Dr			10 10 10 10 10 10 10 10 10 10 10 10 10 1	2025 HAR 28 AH 11: 38
	(Address)			အ
Longwood, FL 3275	51			
	(City/State and Zip Code)	<u> </u>	_	
For further inform	mation concerning this n	natter, please call:		
Matt McCartney		407 at (902-1707	
(Name	of Contact Person)		e & Daytime Telephone Number)	
Enclosed please f	• -		Department of State for: g Fee & Certified Copy	
<u>Mailing Ad</u>	ldrace.		Street Address	
	on Section		Street Address: Registration Section	
	of Corporations		Division of Corporations	
P.O. Box			The Centre of Tallahassee	
Tallahasse	ee, FL 32314		2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310



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		-
	ument/registration number as		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resi	gn is:
4. I. Amy McCartney (Print N	'ame of Person Resigning)	, hereby withdraw/res	ign as a
AMBR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
amy m	cartruy		2025 MAR SECONO TALLAND
Signature of D	ssociating Member or Resign	ning Manager	14AR 28
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AN III