M19000009682

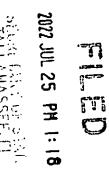
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

Division of Corporations	
Tech DNA LLC SUBJECT:	
	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Michael Kauffman	
(Contact Person)	
Tech DNA LLC	
(Firm/Company)	
720 Seneca St. Ste 107 #104	
(Address)	
Seattle, WA 98101	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Michael Kauffman	206 939-1289 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED 2022 JUL 25 PM 1: 18

SECRETARY OF STATE TALLAHASSEE, FL

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)

	DNA LLC
2. The Florida doc M19000009682	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
Duscall Johnson	
Member/Preside	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)