## 422000002011

(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:			

Office Use Only



300437465663

FILED 2024 OCT -2 PM II II



## 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	t appears on the records of the Florida Depar	rtment
2. The Florida doc	ument/registration number assi	igned to this limited liability company is:	24 (
SHEH A OTEA	DV CORRAN	ned or will withdraw/resign is:  9/30/24 HARSEE  SSEE  1. hereby withdraw/resign as a	T -2 PH II II
of this limited lia resignation in wr		limited liability company has been notified . bloan	of my
Signature of D	issociating Member or Resigni \$25.00 (Required)	ng Manager .	
•	\$30.00 (Optional)		