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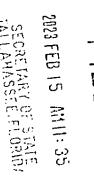
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A. RIVERS APR 2 9 2023

COVER LETTER

TO: Registration Section
Division of Corporations

IP CONSULTING SERVICES LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Ken Hollis (Contact Person) Capital K Holdings (Firm/Company) P.O. Box 271810 (Address) Tampa, Fl. 33688 (City/State and Zip Code) For further information concerning this matter, please call: 813 9004522 Ken Hollis at ((Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ■ \$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)

	he limited liability compa		ne records of the	Florida Depart	ment	
of State is:					<u> </u> -	
2. The Florida do M22000003695	ocument/registration numb	per assigned to this li	mited liability co	ompany is:		
		 .		02/09/2023		
3. The date this r	member/manager withdrev IARLES J	w/resigned or will wi	thdraw/resign is:	·		
4. I,	hereby withdraw/resign as a					
(Prin MBR	I Name of Person Resigning)	•	_			
	(Print Title)	<u></u> •		2023 FI SECA TALLI	(-)	
of this limited l	iability company and affin	rm the limited liabili	ty company has b	oeen jourier of	f my	
resignation in	writing.			- SS - 5	1	
	Much			AM II: 35 COF STATE FE.FLORID		
Signature of	Dissociating Member or F	Resigning Manager		35 RID/		
Filing Fee:	\$25.00 (Required)					

Certified Copy: \$30.00 (Optional)