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Di	ivision of Corporations			
SUBJEC				
	(Name of Li	mited Liability Co.	mpany)	
The enclo	osed member, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning	g this matter to:		
Christophe	r A. DiSchino, Esq.			
	(Contact Person)		_	
DiSchino &	& Schamy, PLLC		20	Û.
	(Firm/Company)		2023 AUG	/isio
4770 Bisca	yne Blvd., Suite 600		υ 6 22	CIVISION OF CORF
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Miami, Flo	rida 33137		12: 40	
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Christophe	r A. DiSchino, Esq.	786 at (581-2542	
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	O. Box 6327		The Centre of Tallahassee	
Ta	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



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)

SUR	e limited liability company as	s it appears on the records of the	Florida Departr	nent	
		ssigned to this limited liability co	ompany is:		
, ALYSSA RECT	JPFRO Name of Person Resigning)	igned or will withdraw/resign is:, hereby withdraw/resign as			
	(Print Title) bility company and affirm the	e limited liability company has b	een notified of	my	
Abysia Recuperciólog Signature of D	ssociating Member or Resign	ning Manager	2 0 0	CC JIIV EGIG	E SERVICE AND
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			ORFORACION	7. 字: ::::::::::::::::::::::::::::::::::