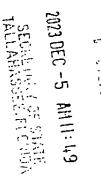
# P22000008481

(1	Requestor's Name)
(,	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
LMils .	July Wary
	Office Use Only



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### **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of	f Limited Liability C	ompany)
The er	nclosed member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to	<b>ɔ</b> :
CARL	A DEBRO		
	(Contact Person)		
RAIN I	Flying Dress		
-	(Firm/Company)	<del> </del>	
РО ВО	X 1922		
	(Address)		<del></del>
WINTE	ER PARK, FL 32790		
	(City/State and Zip Code)		
For fu	rther information concerning this r	natter, please cal	I:
MONIC	CA DEBRO	972 at (	503-9751
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclos	sed please find a check made payal	ble to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee FL 32303

#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Me Eligance of Roign, Inc.  (Name of Corporation)  (Name of Corporation)
DOCUMENT NUMBER: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
The Elegana of Firm/Company)
PO BOX 1922
Winter Park 12 32790 (City/State and Zip Code)
For further information concerning this matter, please call:
Carla Delano at 912, 5039751
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

#### Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MMCADUBN, hereby resign as OFF	(Title)	_
of Mu Eloyama of REIGN INC	.`´´ 	
(Document Number, if known), a corporation organized under the laws of	f the State of	
1 CONIDIA.	7 2	
(Signature of resigning officer/director)	2023 DEC -5 AMII: 4 SECREMOSSEE TUGES TALLAHASSEE TUGES	2

**FILING FEE 1S \$35.00** 

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314