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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

| Division of Corporations | | |
|--|------------------------|--|
| 348 Conners, LLC. SUBJECT: | | |
| | of Limited Liability C | Company) |
| The enclosed member, resignation or d | issociation and fee | e(s) are submitted for filing. |
| Please return all correspondence concer | rning this matter to | ɔ : |
| Christer Jansson | | |
| (Contact Person) | | _ |
| (Firm/Company) | -10.700 | |
| 2002 Crawford Ave. | | |
| (Address) | | |
| Naples, FL 34117 | | |
| (City/State and Zip Code) | | _ |
| For further information concerning this | matter, please cal | l : |
| Christer Jansson | 239 at (| 285-1057 |
| (Name of Contact Person) | | de & Daytime Telephone Number) |
| Enclosed please find a check made pay \$\Boxed{\opensite{1}}\$\$ \$25 Filing Fee | | Department of State for: ng 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 |

TO: Registration Section



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)

| 1. The name of the limited liability company as it appears on the records of the Florida Departmen |
|--|
| of State is: 348 CONNERS, LLC. |
| 2. The Florida document/registration number assigned to this limited liability company is: L07000005547 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/15/2019 |
| Christer Jansson 4. I. , hereby withdraw/resign as a |
| 4. I, hereby withdraw/resign as a, hereby withdraw/resign as a, |
| Manager |
| (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| Blenda Des |
| Signature of Dissociating Member or Resigning Manager |
| Filing Fee: \$25.00 (Required) |

Certified Copy:

\$30.00 (Optional)