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COVER LETTER

TO: Registration Section Division of Corporations SEP Holdings, 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: Seth Simmons (Contact Person) SEP Holdings, LLC (Firm/Company) 9722 NW 226th Street (Address) Alachua, FL 32615 (City/State and Zip Code) For further information concerning this matter, please call: Seth Simmons 352 745-6950 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: 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

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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)

SEP I	e limited liability company as it ap Holdings, LLC	opears on the records of the Florida Department
2. The Florida doc L16000066739	ument/registration number assign	ed to this limited liability company is:
		-· 05-26-2022
3. The date this me Wallis W Simme		d or will withdraw/resign is:
4. I, (Print) SECRETARY	Name of Person Resigning)	_, hereby withdraw/resign as a
	(Print Title)	
of this limited lia resignation in wi		nited liability company has been notified of my
Signature of D	issociating Member or Resigning	Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	