## 119000049849

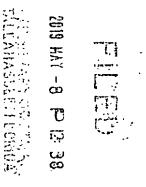
| (Requestor's Name)                      |                    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Add                                    | lress)             |             |  |  |
| (City                                   | /State/Zip/Phone # | )           |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bus                                    | iness Entity Name  | <del></del> |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | Certificates of    | f Status    |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
| <u> </u>                                |                    |             |  |  |

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EN 20 NA TLEMENT

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations           |                                     |   |  |  |  |
|--------|---|-------------------------------------|---|--|--|--|
| SUBJ   | RESENTMENT "LLC"  |                                     |   |  |  |  |
|        | (Name of Limi   | (Name of Limited Liability Company) |   |  |  |  |
| The er | nclosed member, resignation or dissocia                 | ution and fee                       | (s) are submitted for filing.                       |  |  |  |
| Please | e return all correspondence concerning t                | his matter to                       | :   |  |  |  |
| NEP    | HTHALI LADOUCEUR  |                                     |   |  |  |  |
|        | (Contact Person)  |                                     | _   |  |  |  |
| RES    | ENTMENT "LLC"   |                                     |   |  |  |  |
|        | (Firm/Company)  |                                     | _   |  |  |  |
| 1216   | PARKER DEN DRICE  |                                     |   |  |  |  |
|        | (Address)   |                                     | <del></del>   |  |  |  |
| RUS    | KIN, FLORIDA 33570                                      |                                     |   |  |  |  |
|        | (City State and Zip Code)                               |                                     | <del>_</del>  |  |  |  |
| For fu | orther information concerning this matte                | r, please call                      | l:  |  |  |  |
| NEPI   | HTHALI LADOUCEUR  | 813                                 | 330-5977  |  |  |  |
|        | (Name of Contact Person)                                |                                     | le & Daytime Telephone Number)                      |  |  |  |
|        | sed please find a check made payable to<br>5 Filing Fee |                                     | Department of State for:<br>ng Fee & Certified Copy |  |  |  |
|        | EET/COURIER ADDRESS:                                    |                                     | MAILING ADDRESS:                                    |  |  |  |
| _      | tration Section<br>ion of Corporations                  |                                     | Registration Section Division of Corporations       |  |  |  |
|        | n Building  |                                     | P.O. Box 6327                                       |  |  |  |
| 2661   | Executive Center Circle hassee, Florida 32301           |                                     | Tallahassee, Florida 32314                          |  |  |  |

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)

|  | limited liability company a              | s it appears on the record    | ds of the Florida Department |  |
|--|--|-------------------------------|------------------------------|--|
| 2. The Florida docu<br>L1900004984       | iment/registration number a<br>9         | assigned to this limited li   | iability company is:         |  |
| 3. The date this me                      | mber/manager withdrew/re                 | signed or will withdraw/      | /resign is:                  |  |
|  |  | , hereby withdraw/resign as a |                              |  |
| MGR                                      |  |                               |                              |  |
| <del></del>                              | (Print Title)                            |                               |                              |  |
| of this limited lia<br>resignation in wr |  | he limited liability comp     | any has been notified of my  |  |
| ART                                      |  |                               |                              |  |
| Signature of Di                          | ssociating Member or Resig               | gning Manager                 | 2019 HAY                     |  |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional) |                               | -8 P P 9                     |  |