# L16000086296

(Requestor's Name)				
(Address)				
(1001000)				
(Address)				
(Cit. (Ct. t. Ti. 10h and 10				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SEED WHID: 56

#### **COVER LETTER**

_	stration Section sion of Corporations			
SUBJECT:	5312 Cherry LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissoci	ation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Rory B. Weine	er			
	(Contact Person)		_	
Rory B. Weine	r, P.A.			
	(Firm/Company)			
635 W. Lumsd	en Road			
	(Address)		_	
Brandon, FL 3	3511			
	(City/State and Zip Code)			
For further in	nformation concerning this matte	er, please call:		
Rory B. Weine	r	813 at (	681-3300 )	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



## TILED

2023 JAN 10 AM 10: 56

THE RETARY OF STATE FALLAHASSEE, FL

#### 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)

		as it appears on the records of the Florida Department
2. The Florida docu 1.16000086296	ment/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
Maria II. Siglar		. hereby withdraw/resign as a
Manager (1777)	ame of reison resigning,	
<del></del>	(Print Title)	
resignation in wr		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	