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Special Instructions to f	Filing Officer:]			
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99/24/20--91999--818 ++25.00





COVER LETTER

Division of	Corporations					
Beta Pr SUBJECT:	rime LLC					
(Name of Limited Liability Company)						
The enclosed memb	ber, resignation or dis	sociation and fee(s) are submitted for filing.			
Please return all con	rrespondence concern	ning this matter to:				
Donna Zatyko						
-	(Contact Person)		_			
SaddleStandz.com						
	(Firm/Company)		_			
5911 Hickory drive						
	(Address)	·····	_			
Fort Pierce Florida 349	082					
	(City/State and Zip Code)		_			
For further informa	ition concerning this r	matter, please call:				
Donna Zatyko		772 at (475-0699			
(Name of	Contact Person)		e & Daytime Telephone Number)			
Enclosed please fin	id a check made payal	ble to the Florida I	Department of State for:			
■ \$25 Filing Fee		□ \$55 Filin	g Fee & Certified Copy			
<u>Mailing Addr</u>	ress:		Street Address:			
Registration			Registration Section			
Division of P.O. Box 63	Corporations		Division of Corporations The Centre of Tallahassee			
Tallahassee			2415 N. Monroe Street, Suite 81			
, ananassec			Tallahassee, FL 32303			



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)

352-18-0888		ssigned to this limited liab	ility company is	·	
352-18-0888	ent/registration number a	ssigned to this limited liab	ility company is		
				i:	
			2F		
3. The date this memb	per/manager withdrew/re	signed or will withdraw/res	ign is: \$\frac{9}{25/2020}\$		
Donna Jeanne Zatyko 4. I.		hereby withdraw/resign as a			
(Print Nam	e of Person Resigning)	, hereby withdraw/re	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Member					
(Pr	int Title)				
of this limited liabil resignation in writin		he limited liability company	y has been notif	ied of my	
Jone	Tatyto				
Signature of Disso	ociating Member or Resi	gning Manager	- .	Q _B	
Filing Fee: Certified Copy:	•		2020 SEP 24 P	FILED	