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(Re	equestor's Name)	 -
(Ac	ddress)	
(Ac	idress)	<u>.</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: Own L LLC (Name of Limited Liability Company)
(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:
Stephen Burns (Contact Person)
Bar D Ving L, LLC (Firm/Colopany)
1110 Palm Blud (Address)
Port ST Jou J. 32456 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen Burns at (85%) 227-8080 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

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 Departme	nt
of State is: B. D. Uingl, LLC	- .
2. The Florida document/registration number assigned to this limited liability company is:	
L030000 46092	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	-
4. I. Tinethy 5. Priest 5r., hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified from resignation in writing.	ş
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	