

L03000051300

·, 	(Requestor's Name)			
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UF	> WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
ed Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					
	PICK-UF	(Address) (Address) (City/State/Zip/Phore PICK-UP WAIT (Business Entity National Number Copies Certificate			

Office Use Only



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08/19/24--01026--020 **55.00

COVER LETTER

~	on of Corporations				
SUBJECT:	Hendrix, Smith, & Kirby LLC				
SUBJECT: Hendrix, Smith, & Kirby LLC (Name of Limited Liability Company)					
	member, resignation or diss				
Please return	all correspondence concern	ing this m	natter to	:	
Michael Bay					
*****	(Contact Person)		· · ·	_	
Hendrix, Smith,	& Kirby LLC				
	(Firm/Company)				
152 SE Defende	er Drive				
	(Address)			_	
Lake City, FL 3	2025				
	(City/State and Zip Code)				
For further in	formation concerning this n	natter, ple	ase call	:	
Michael Bay		gt (86	623-3606) e & Daytime Telephone Number)	
(Na	ime of Contact Person)	(A	rea Cod	e & Daytime Telephone Number)	
Enclosed plea	ase find a check made payab	ole to the	Florida	Department of State for:	
□ \$25 Filing	Fee	■ \$	55 Filin	ng Fee & Certified Copy	
	g Address:			Street Address:	
	tration Section			Registration Section Division of Corporations	
	on of Corporations Box 6327			The Centre of Tallahassee	
	nassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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 as	s it appears on the records of the Florida Departmen
2. The Florida docu L03000057300	iment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 04/01/2024
4. 1. Jennifer Smith (Print N	ame of Person Resigning)	, hereby withdraw/resign as a
Managing Membe	Print Title)	
	oility company and affirm the	ne limited liability company has been notified of my
O Pu	fer Sutth ksociating Member or Resig	
Signature of Di	ssociating Member or Resig	ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	2024 A.J.S. 1.9. 1