

## L03 0000 57800

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## **COVER LETTER**

TO:	_	Registration Section				
	Divis	sion of Corporations				
SUBJI	ECT:	Hendrix, Smith, & Kirby LLC				
		(Name of Limited Liability Company)				
The en	elosec	l member, resignation or dis	sociation and feet	(s) are submitted for filing.		
Please	returr	all correspondence concern	ning this matter to	:		
Michae	l Bay					
		(Contact Person)		_		
Hendrio	k. Smitl	a, & Kirby LLC				
		(Firm/Company)		_		
152 SE	Defend	ler Drive				
		(Address)		<del>_</del>		
Lake Ci	ity, FL	32025				
		(City/State and Zip Code)		_		
For fur	rther ii	nformation concerning this r	natter, please call	:		
Michae	l Bay		386 at (	623-3606		
	(N	ame of Contact Person)		e & Daytime Telephone Number)		
Enclos  ☐ \$25	_	ase find a check made payal g Fee		Department of State for:  ng Fee & Certified Copy		
		ng Address:		Street Address:		
	_	stration Section sion of Corporations		Registration Section Division of Corporations		
	P.O.	Box 6327		The Centre of Tallahassee		
	тана	hassee, FL 32314		2415 N. Monroe Street, Suite 810 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)

	limited liability company as DRIX, SMITH, & KIRBY LLC	it appears on the records of the Florida Department
2. The Florida docu 1.03000057300	ument/registration number a	ssigned to this limited liability company is:
4. I, Gerald M Smith, (Print N	Jr Jame of Person Resigning)	igned or will withdraw/resign is: 04/01/2024, hereby withdraw/resign as a
Managing Membe	er  (Print Title)	
of this limited lia resignation in wr	bility company and affirm thing.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2024 Alic 2 i
		<u> </u>

CR2E079 (2/14)