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P.001/003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : J.KEVIN DRAKE,P.A.  
Account Number : I20020000002  
Phone : (941)954-7750  
Fax Number : (941)951-1509

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TUCKERS GRADE ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TUCKERS GRADE ASSOCIATES, LLC  
\_\_\_\_\_  
(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:

J. KEVIN DRAKE, ESQ.  
\_\_\_\_\_  
(Contact Person)

J. KEVIN DRAKE, P.A.  
\_\_\_\_\_  
(Firm/Company)

1432 FIRST STREET  
\_\_\_\_\_  
(Address)

SARASOTA, FLORIDA 34236  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ. at ( 941 ) 954-7750  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**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 Department of State is: TUCKERS GRADE ASSOCIATES, LLC

2. The Florida document/registration number assigned to this limited liability company is: L06000016750

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-19-2021

4. I, KIMBERLY S. DRIGGERS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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