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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
CIIDI	Simple Life Connection	ons, LLC	
30.00		ited Liability Con	npany)
The e	nclosed member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Kimbe	rly Becker		
	(Contact Person)		-
Simple	Life Connections, LLC		
	(Firm/Company)		-
8700 N	Maitland Summit Blvd. Apt 423		
	(Address)		-
Orland	lo, FL 32810		
	(City/State and Zip Code)		-
For fu	arther information concerning this matt	er, please call:	
Kimbe	rly Becker	407 _ at (	797-7169 )
	(Name of Contact Person)		& Daytime Telephone Number)
Enclo	sed please find a check made payable t	o the Florida D	epartment of State for:
<b>\$</b> 2	5 Filing Fee	☐ \$55 Filing	Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, 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)

1. The name of the	limited liability company as it a	appears on the records of the Florida Do	epartment
of State is: Simple	e Life Connections, LLC	·	·•
		ned to this limited liability company is	
3. The date this me 4. I, Rori Becker	mber/manager withdrew/resign	ed or will withdraw/resign is: 03/23/24 , hereby withdraw/resign as a	2071 NPR -1
(Print M Manager	ame of Person Resigning)		<u> </u>
of this limited lial	• •	mited liability company has been notifi	10. led of my
Signature of Di	ssociating Member or Resignin	g Manager	F. —
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		