LO6 COCC 36108

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Challes Eliph Holles II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 JUN -7 PH 1: 04 SECTION SECTION OF STATE

COVER LETTER

TO:		stration Section sion of Corporations		
SUBJI		Eric Osweiler LLC		
	. •	(Name of	Limited Liability C	ompany)
The en	closec	l member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	return	all correspondence concern	ing this matter to):
Eric Osv	weiler			
		(Contact Person)		_
Eric Osv	veiler L	LLC		
		(Firm/Company)		_
2000 Ma	ıytown	Rd		
		(Address)		
Oak Hill	. FL 32	2759		
		(City/State and Zip Code)		- •
For furt	her in	formation concerning this m	atter, please call	:
Eric Osw	/eiler		386 at (566-4674
_	(Na	ime of Contact Person)		e & Daytime Telephone Number)
Enclose	d plea	ase find a check made payab		
≣ \$ 25∃	Filing	ree	□ \$55 Filin	g Fee & Certified Copy
		z Address: ration Section		Street Address:
Į	Divisi	on of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
	i allah	assee, 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)

1	The name of the limited liability company as it appears on the records of the Florida Department of State is:
2	. The Florida document/registration number assigned to this limited liability company is: 06000036108
	The date this member/manager withdrew/resigned or will withdraw/resign is: Jonathan Reasin
	Member (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 ling Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)