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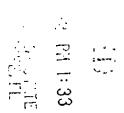
(Requ	uestor's Name)	
(Addr	ress)	
- (Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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J.L

COVER LETTER

TO:	_	stration Section sion of Corporations				
SHRI	ECT:	Edwards Management of Holly H	ill, LLC	:		
., () (),,	LCI.	(Name of Limited Liability Company)				
The e	nclosed	d member, resignation or diss	ociatio	on and fee	(s) are submitted for filing.	
Please	e returr	all correspondence concerni	ng this	matter to):	
Amber	L. You	ng				
		(Contact Person)			_	
Jenkin:	s & You	យតិ				
		(Firm/Company)				
265 CI	yde Mo	rris Blvd., #300				
		(Address)			_	
Оппоп	ıd Beach	n, FL 32174				
		(City/State and Zip Code)			_	
For fu	irther i	nformation concerning this m	atter, j	please call	l:	
Amber	L. You	ng	at	386 (672-1332	
	(1)	lame of Contact Person)	— '''		le & Daytime Telephone Number)	
Enclo	sed ple	ease find a check made payabl	le to th	ne Florida	Department of State for:	
= \$2	5 Filin	g Fee] \$55 Filir	ng Fee & Certified Copy	
		ng Address:			Street Address:	
	_	stration Section			Registration Section	
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee	
		thassee, 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 of State is:	e limited liability company as it appears on the records of the Florida Department ards Management of Holly Hill, LLC
	cument/registration number assigned to this limited liability company is:
	th of this member/manager: 02-17-2021 wards, deceased .
(Prin	Name of Person Resigning) anager (Print Title)
of this limited l resignation in v	ability company and affirm the limited liability company has been notified of my
	s. Personal Rep. of the Estate of Timothy B. Edwards
Signature of Diss Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)