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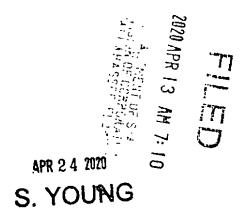
(Reque	estor's Name)			
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COVER LETTER

-	istration Section		•
Divi	sion of Corporations		
SUBJECT:			
	(Name of	Limited Liability Co	ompany)
The enclose	ed member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please retur	n all correspondence concern	ing this matter to	:
James N Bad	cus		
	(Contact Person)		_
	(Firm/Company)	·	
4913 NW 55	th Street		
	(Address)		
Gainesville, I	FL 32653		
<u> </u>	(City/State and Zip Code)		
For further i	information concerning this r	natter, please call	:
James N Bad	cus	352 at (6720397
(1)	Name of Contact Person)		le & Daytime Telephone Number)
Enclosed pla	ease find a check made payal	ole to the Florida	Department of State for:
□ \$25 Filin	ng Fee	■ \$55 Filir	ng Fee & Certified Copy
Maili	ing Address:		Street Address:
Regi	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	ahassee, 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)

	e limited liability company as		f the Florida Department		
2. The Florida doc 84-1726703	ument/registration number a	ssigned to this limited liabil	ity company is:		
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resig	March 2, 2020		
James N Bacus		harahu withdraw/reei	horahy withdraw/resign as a		
4. 1(Print)	Name of Person Resigning)	, nereby withdrawnest	girasa		
Managing Partr	ner				
	(Print Title)				
of this limited lia resignation in w	ability company and affirm thriting.	he limited liability company	has been notified of my		
Jam of	Carr				
Signature of D	issociating Member or Resig	gning Manager			
Filing Fee:	\$25.00 (Required)				
	\$30.00 (Optional)		202		