# L070000586H

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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### **COVER LETTER**

TO: Registration Section Division of Corporations

SECURE SPACE, LLC. SUBJECT:

(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:

Sharon Gasparo

(Contact Person)

(Firm/Company)

2064 Park Street

(Address)

Jacksonville, FL 32204

(City/State and Zip Code)

For further information concerning this matter, please call:

<u>Mailing Address:</u> 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

## 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: L07000058614

3. The date this member/manager withdrew/resigned	d or will withdraw/resign is: 7/14/2020
4. 1	. hereby withdraw/resign as a
(Print Name of Person Resigning)	· · · · · · · · · · · · · · · · · · ·
Director and Member	
(Print Title)	
of this limited liability company and affirm the lim resignation in writing.	10: 16
<ul> <li>Signature of Dissociating Member or Resigning</li> </ul>	Manager



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

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