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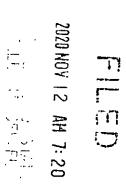
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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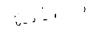
Office Use Only



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COVER LETTER

Division of Corporations CONSERVATION eNTERPRISES TRUST 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: Fidela M. Denny (Contact Person) N/A (Firm/Company) 538 S. Sundance Drive (Address) Lake Mary, FL 32746 (City/State and Zip Code) For further information concerning this matter, please call: Fidela Denny 625-4511 at ((Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 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)

TO:

Registration Section



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)

	limited liability company a SERVATION ENTERPRISES TO	s it appears on the records of	the Florida De	partme	:n t
2. The Florida docu L07000083180	ument/registration number a	assigned to this limited liabilit	y company is:	:	
EIDELA M. DEN	INV	signed or will withdraw/resign)	-
Limited Partner () of this limited liab	(Print Title) pility company and affirm t	he limited liability company l		ed of m	ny
	\$25.00 (Required) \$30.00 (Optional)	gning Manager		2020 NOV 12 AM 7:	