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Ja 09/25/20

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: C, L, D, MANAG	EMENT, LLC d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
BEAD DINKINS (Contact Person)	
(Contact Person)	<del></del>
C.L.D. MANAGEM (Firm/Company)	ENT, LLC
_	
101 NE 16 Th A	VE.
OCALA, FL 344	170
(City/State and Zip Code)	
For further information concerning this matter,	•
BRAD DINKINS	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	he Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Contra of Tallehamon
1.O. DUX 0327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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	• •	of the Florida D	Departi	ment
	ment/registration number a		bility company i	s:	•
607	000127014				
3. The date this me	mber/manager withdrew/re	signed or will withdraw/re	esign is: $\frac{7/2}{2}$	1/20	<u>20</u>
4. I,	ame of Person Resigning)	, hereby withdraw/re	esign as a	,	
	ANAGER				
of this limited liab resignation in wri	oility company and affirm t	he limited liability compar	ny has been noti	fied of	fmy
			o Se	2020 1	matica.
Signature of Di	ssociating Member or Resig	gning Manager	LAHA	2020 AUG -3	
	\$25.00 (Required) \$30.00 (Optional)		Y OF ST	PM 1:5	m