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COVER LETTER

TO:	Registration Section	•
	Division of Corporations	
	Countryside Funeral Home, LLC	2
SUBJ	JECT:	
	(Name of	Limited Liability Company)
The e	nclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please	e return all correspondence concern	ing this matter to:
Kelsey	y Jackson	
	(Contact Person)	
Count	ryside Funeral Home	
-	(Firm/Company)	
91851	NE Jacksonville Road	
	(Address)	
Antho	ny, FL 32617	
	(City/State and Zip Code)	
For fi	orther information concerning this n	natter, please call:
Kelsey	Jackson	352 620-2006
		at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payab	ole to the Florida Department of State for:
□ \$2	5 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)



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 astryside Funeral Home, LLC	s it appears on the records	s of the Florida Department
of State is:			·
2. The Florida doc 1.08000109912	ument/registration number a	ssigned to this limited lia	bility company is:
 		,	June 7, 2023
3. The date this me Robin Byrne	ember/manager withdrew/res	signed or will withdraw/re	esign is:
4. I,	Same of Person Resigning)	, hereby withdraw/r	esign as a
SMGR	lame of Person Resigning) (Print Title)		2023 DEC
	bility company and affirm the	he limited liability compa	ny has been notified of my
Signature of D	issociating Member or Resig	ning Manager	AH 13
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	onne manager	