LIO 0000 26495

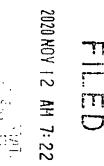
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|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

Office Use Only



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COVER LETTER

| | egistration Section vision of Corporations | | | | | |
|--------------|---|-----------|--------------|---|--|--|
| SUBJEC | GET LOADED. LLC | | | | | |
| ., | (Name of Limited Liability Company) | | | | | |
| The enclo | sed member, resignation or dis- | sociatio | n and fee | (s) are submitted for filing. | | |
| Please ret | urn all correspondence concern | ing this | matter to | : | | |
| Philip S. Ka | arle, Esquire | | | | | |
| | (Contact Person) | | | | | |
| Abeles & K | arle, PLLC | | | | | |
| | (Firm/Company) | | | | | |
| 5 West High | hbanks Road | | | | | |
| | (Address) | | <u> </u> | | | |
| DeBary, Flo | orida 32713 | | | | | |
| | (City/State and Zip Code) | | | _ . | | |
| For furthe | r information concerning this n | natter, p | olease call | l: | | |
| Philip S. Ka | irle | at | ,386 (| 668-8511 | | |
| | (Name of Contact Person) | *** | (Area Cod | le & Daytime Telephone Number) | | |
| Enclosed | please find a check made payab | ole to th | e Florida | Department of State for: | | |
| ■ \$25 Fil | ling Fee | | l \$55 Filii | ng Fee & Certified Copy | | |
| | ailing Address: | | | Street Address: | | |
| | gistration Section vision of Corporations | | | Registration Section Division of Corporations | | |
| Р. | O. Box 6327 | | | The Centre of Tallahassee | | |
| Ta | llahassee, 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 | it appears on the records of th | ne Florida Department |
|--------------------------------|--|---|-----------------------|
| 2. The Florida doc | ument/registration number as | ssigned to this limited liability | company is: |
| TOTAL CANAL | 171. | igned or will withdraw/resign, hereby withdraw/resign | |
| Managing Memb | | | |
| resignation in w | | ne limited liability company ha | 2020 NOV |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | /12 AH |