

L10000081335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

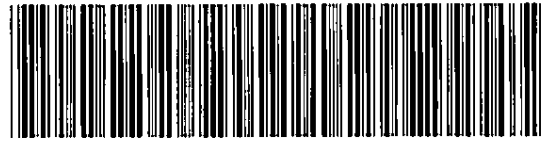
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337849608

12/10/19--01021--002 **25.00

2019 DEC 10 PM 12:59

Office of the
TALLAHASSEE, FLORIDA

2018 DEC 10 PM 12:06

FILED

K. SALY
DEC 11 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SPRUCE HILL ROAD, LLC

Signature _____

Requested by: BA

Name _____

Walk-In _____

12/10/19

Date _____

Time _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
✓ ____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spruce Hill Road, LLC
(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:

Todd W. Fennell

(Contact Person)

Gould Cooksey Fennell, P.A.

(Firm/Company)

979 Beachland Boulevard

(Address)

Vero Beach, FL 32963

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd W. Fennell

(Name of Contact Person)

at (772) 231-1100
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2019 DEC 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~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: Spruce Hill Road, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L10000081335
3. The date this ~~member~~/manager ~~withdrew~~/resigned or ~~withdrew~~/resigned is: 12/7/19
4. I, Todd W. Fennell, hereby ~~withdrew~~/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Todd W. Fennell

Signature of ~~Dissociating Member~~ Resigning Manager

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