110000089455

(Requestor's Name)
(Address)
(Address)
,
(0) (0) (1) (7) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
0.00.10.10.10.10.10.10.10.10.10.10.10.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500311194285

04/06/18--01009--004 **50.00

MI ANN-6 PH 2: 30

HARRIS

COVER LETTER

SUBJECT: Strawberry Kreek James LIC
(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:
Carole Wright (Contact Person)
Myers & Wright PA
110 W. Reynolds St., Stello
Plant City FT 33563 (City/State and Zip Code)
For further information concerning this matter, please call:
Carole Wright at (813), 707 8838
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

TO: Registration Section

Division of Corporations



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)

	mited liability company							ent
of State is:	Strawberr	y X	,reek	Jar	msl	لك	•	_·
2. The Florida docum	nent/registration number	assigned	to this lin	nited liab	ility comp	any is:		
L1000	0089455	•				ı		
3. The date this mem	ber/manager withdrew/r	esigned c	or will wit	hdraw/res	sign is: 👤	131	18	_
4. I, Carole	e Wright ne of Person Resigning)	, 1	hereby wit	thdraw/re	sign as a			
Comp	trollen Print Title)							
of this limited liabi resignation in writi	lity company and affirm	the limit	ed liability	y compan	y has been	notifie	d of r	ny
Carol	Rund	7				ALLEA MELEA	2818 À	COTE TO
Signature of Diss	sociating Member or Res	igning M	lanager			FIXAY	ÀPR-6	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					er sia	PM 2:	
						5 m	100	