L11000

| (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: | | | | |
| ONE | | | | |
| J. HORNE JAN 30 2023 | | | | |

Office Use Only



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11/83/22--01004--827 **55.00

See O'S WILL TO

COVER LETTER

| Divis | sion of Corporations | | | |
|------------------------------|--|------------------------------------|--|--|
| SUBJECT: | FRUITLAND PARK TRAILERS & MORE LLC (Name of Limited Liability Company) | | | |
| oononer. | | | | |
| The enclosed | I member, resignation or dis | sociation and fee | e(s) are submitted for filing. | |
| Please return | all correspondence concern | ing this matter to | D; | |
| EDDIE R CLA | RK | | | |
| | (Contact Person) | - | | |
| | | | | |
| | (Firm/Company) | | | |
| 2461 SOUTH F | IWY 441/27 | | | |
| | (Address) | | _ | |
| FRUITLAND I | PARK, FL 34731 | | | |
| · | (City/State and Zip Code) | | _ | |
| For further in | formation concerning this n | ıatter, please call | l: | |
| EDDIE R CLA | RK | 352 at (| 321-7547 | |
| (Na | ame of Contact Person) | (Area Cod | le & Daytime Telephone Number) | |
| Enclosed plea ☐ \$25 Filing | ase find a check made payab Fee | le to the Florida XI \$55 Filir | Department of State for: ng Fee & Certified Copy | |
| | <u>g Address:</u> tration Section | | Street Address: | |
| | | | Registration Section | |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

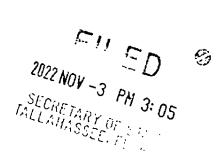
Tallahassee, FL 32314

P.O. Box 6327

TO:

Registration Section





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)

| 2. The Florida document/registration number assigned to this limited liability company is: L11000050688 | |
|---|-----|
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2022 | _ |
| 4. 1, MARTHA L CLARK (Print Name of Person Resigning), hereby withdraw/resign as a | |
| MGRG | |
| (Print Title) | |
| of this limited liability company and affirm the limited liability company has been notified or resignation in writing. | fmy |
| Signature of Dissociating Member or Resigning Manager | |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | |