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| (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: | | | | | |
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Office Use Only



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COVER LETTER

Division of Corporations Moonlight Blessings, LLC SUBJECT: (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: Georganna Griffith (Contact Person) Frank E. Maloney, Jr., P.A. (Firm/Company) 445 East Macclenny Avenue (Address) Macclenny, FL 32063 (City/State and Zip Code) For further information concerning this matter, please call: Georganna Griffith 904 (Name of Contact Person) (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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)

| 1. The name of the | limited liability company as | it appears on the records of the | Florida Depar | tment | |
|---------------------|--|--------------------------------------|-----------------|-------------|--|
| of State is: Moon | ight Blessings, LLC | | | · | |
| 2. The Florida docu | iment/registration number as | ssigned to this limited liability co | ompany is: | | |
| Barbara Blackshe | vir | igned or will withdraw/resign is | - | 24 | |
| (Print N | ame of Person Resigning) | , hereby withdraw/resign a | | | |
| | | ne limited liability company has | been notified (| of my | |
| Pombara | e Blubbear | / | TĂLL AH | 2024 OCT 30 | |
| • | ssociating Member or Resig | ning Manager | ASSEE. | T 30 AM | |
| | \$25.00 (Required) \$30.00 (Optional) | | SÎÂÎE FLORID | 4 8: 4 | |