L12000081156

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	Payne Family Heritage LLC		
		(Name of Li	mited Liability Co	ompany)
The e	nclosed	d member, resignation or disso-	ciation and fee((s) are submitted for filing.
Please	returr	all correspondence concerning	g this matter to	:
Stepha	nie Kare	en Payne		
-		(Contact Person)		ngalan.
Stepha	nie Payı	ne, Esq.		
		(Firm/Company)		-
1002A	Columb	ous Street		
		(Address)		
Housto	on, TX-7	77019-4346		
		(City/State and Zip Code)		
For fu	irther ii	nformation concerning this ma	tter, please call	:
Stepha	nie Payı	ne	713 at (858-4793
	(N	lame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable	to the Florida	Department of State for:
	5 Filin	· · · · · · · · · · · · · · · · · · ·		ng Fee & Certified Copy
	<u>Mailir</u>	ng Address:		Street Address:
	Regis	stration Section		Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
				Tallahassee FI 32303

CR2E079 (2/14)



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)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L12000081156	ument/registration number a	ssigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/res	signed or will withdraw/resign is: August 15, 2021
4. I. Stephanic Karen Payne (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, noresy wants a wresign as a
Manager		
	(Print Title)	
resignation in wr	iting.	he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2021 SEP

CR2E079 (2/14)

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