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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5 And 1500 (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
BRIAN ABRAMS (Contact Person)	
SAND & SUN- COWD L	1 C
18414 TURNING PT	<u>p n</u>
1 J + Z F 33549 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
BRIAN ABRAMS at (Name of Contact Person)	(\$13) 390 696/ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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	_		Florida Departmo	ent
of State is:	SAND , SON C	ondo	110		_·
2. The Florida docu	iment/registration number a	ssigned to this	limited liability c	ompany is:	
11300	00 12 856	<u>.</u> .			
3. The date this me	mber/manager withdrew/res	signed or will	withdraw/resign is	s: 12/31/20	20
4. I, <u>Scott</u> (Print N	W Dol S ame of Person Resigning)	, hereby	withdraw/resign a	is a	
AMBR	(Print Title)				
resignation in wri	pility company and affirm thing.	ne limited liab	ility company has	been notified of n	ny
Signature of Di	ssociating Member or Resig	gning Manager	•	2021	
	\$25.00 (Required) \$30.00 (Optional)			JAN-4 PH 6:	