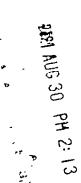


(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	The Phone Nanny, LLC			
SOBJECT	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dis	sociation and fee(s	are submitted for filing.	
Please return	n all correspondence concerr	ning this matter to:		
Jenniter Harris	;			
	(Contact Person)		-	
The Phone Na	nny			
	(Firm Company)		-	
16295 S Tamia	ami Trł. #252			
	(Address)	· · · · · · · · · · · · · · · · · · ·	-	
Ft. Myers, FL	33908			
	(City State and Zip Code)		_	
For further i	nformation concerning this i	matter, please call:		
Jennifer Harris		239 at (330-2200	
(1)	Jame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple ■ \$25 Filin	rase find a check made paya g Fee		Department of State for: 2 Fee & Certified Copy	
	ng Address: stration Section		Street Address: Registration Section	
Divi:	sion of Corporations Box 6327		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 hone Nanny, LLC	• •	of the Florida Department
2. The Florida does	ument/registration number as	ssigned to this limited liabi	lity company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resi	May 12, 2021 ign is:
4. 1. Christopher Flam	is ame of Person Resigning)	hereby withdraw/resign as a	
Manager			
	(Print Title)		
resignation in wr	Homi		1 AUS 30
	ssociating Member or Resig \$25.00 (Required)	ning Manager	PM 2: 13
Certified Copy:	\$30.00 (Optional)		