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COVER LETTER

Division of Corporations CMC GLENDALE ENTERPRISES 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: **BIRAN HERNDON** (Contact Person) BIRAN C HERNDON PA (Firm/Company) 916 20TH PLACE (Address) VERO BEACH, FL 32960 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 324-1206 (Area Code & Daytime Telephone Number) BIRAN HERNDON (Name of Contact Person) 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 P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



FILED 2023 JAN 13 AM II: 54 35 GRETARY OF STATE TALLA HASSEE, FL

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)

	e limited liability company as it is	appears on the records of the Florida Department
		ened to this limited liability company is:
		ed or will withdraw/resign is:
4. 1, FRANK M. CLE	EMENTS III Vame of Person Resigning)	_, hereby withdraw/resign as a
SECRETARY		
<u> </u>	(Print Title)	
of this limited lia resignation in wr		mited liability company has been notified of my
Frank	M. Clement	<u></u>
Signature of Di	issociating Member or Resignin	g Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	