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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	пе)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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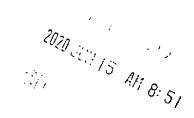
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COVER LETTER

Division of Corporations	
carpe Diem H20 LLC	
SUBJECT: (Name of Li	mited Liability Company)
The enclosed member, resignation or disco-	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
John C Johnson	
(Contact Person)	
Carpe Diem H20 LLC	
(Firm/Company)	
4455 15TH AVE SW	
(Address)	
Naples Flordia 34116	
(City/State and Zip Code)	
For further information concerning this ma	iici, picase cail.
John C Johnson	239 5923008 at ()
(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 P.O. Box 6327	Division of Corporations The Centre of Tailahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ranamasce, i L 32314	Tallahassee, FL 32303





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)

		as it appears on the records of the Florida Department	
of State is:	1.00		
2. The Florida doc L13000169330	ument/registration number	assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is: 05/31/2020	
4. I, Dawn Brechne (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print l	Name of Person Resigning)		
MGR			
	(Print Title)		
of this limited lie resignation in wr		he limited liability company has been notified of my	
Daw	M. Daha	_	
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		