## L140000074071

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Pflone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
Certified Copies Certificates of Status		
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2020 H. ' -8 AH 9: 10

C. GOLDEN MAY 2.9 2020

## **COVER LETTER**

Division of Corporations	
Loretta Green LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
John Boshoff	
(Contact Person)	
Loretta Green LLC	
(Firm/Company)	
509 N Prescott Ave	
(Address)	
Clearwater, FL 33755	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	atter, please call:
John Boshoff	727 776-2410
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for-
■ S25 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
Tallahassee, FL 32314	The Centre of Tallahassee
i aiiaiiassee, 1 L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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## 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)

		ars on the records of the Florida Department
of State is:	retta Green LLC	
2. The Florida do	ocument/registration number assigned	o this limited liability company is:
57-1225179	L14000074071	
3. The date this n	nember/manager withdrew/resigned or	will withdraw/resign is: February 1st, 2020
4. I. Louella J Bosh	h	ereby withdraw/resign as a
(Print	t Name of Person Resigning)	a contract the contract to the
MGR		
	(Print Title)	
of this limited li resignation in w	iability company and affirm the limited writing.	liability company has been notified of my
المستعدد الم	- (Boshoff)	
Signature of I	Discociating Member or Resigning Ma	nager
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	