14000075257

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200355870942

12/11/20--01015--012 **110.00

S TALLENT JAN 2 6 2021

2020 DEC 11 PH 6: 24

JS/ Regum

COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	WESTPORT CAPITAL PARTNERS,		
		(Name of Limi	ted Liability Cor	mpany)
The er	nclosed	l member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning t	his matter to:	
Susan	K. Flynr	n, Esq.		
-		(Contact Person)		_
Bon Ea	au Enter	prises, LLC		
		(Firm/Company)		_
1 7 67 L	.akewoo	d Ranch Blvd., Box 304		
		(Address)		_
Lakew	ood Ran	och. FL 34211		
		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this matte	r, please call:	
Susan	K. Flyni	n, Esq.	941 at (251-6804
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclo	sed ple	ease find a check made payable to	the Florida I	Department of State for:
	5 Filin			g Fee & Certified Copy
		ng Address:		Street Address: Registration Section
	_	stration Section sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	- 4114			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)

	limited liability company as	s it appears on the records of the Flori	da Departmen
L14000075257	ument/registration number as	ssigned to this limited liability compa	iny is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	7/2020
4. I, Susan K. Flynn, (Print N			
Manager			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been	notified of my
Jugan K.	Dumm		ر. د
Signature of D	issociating Member or Resig	ning Manager	2720 DEC 11
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		PII 6: 2