LIH 000092325

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

Division of Corporations	
SUBJECT: Band R Ent	erprise Management, LLC
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Jo L. Duffett (Contact Person)	
Band R Enterprise P	Janagement, LLC
4301- A 34th Street Mors	7L
57. Petersburg Fl. 337 (City/State and Zip Code)	<u>774</u>
For further information concerning this matter.	. please call:
To L. Duffett (Name of Contact Person)	at (727) 456-2411 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816

Tallahassee, FL 32303

TO: Registration Section



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)

1. The name of the	limited liability company as	it appears on the records of th	e Florida Department
of State is: B	and R Enterpris	se Management, L	LC.
2. The Florida docu	iment/registration number as	signed to this limited liability	company is:
L14000095	1325	·	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign i	is: <u>8/30/21</u>
4.1. <u>Sean</u> (Print N	Olander ame of Person Resignings	, hereby withdraw/resign	as a
VP of	Finance. Print Title)		
resignation in wr	ting.	e limited liability company has	
Wellen	Hyman Dr.	es dut for John	n olander
Signature of Di	ssociating Member or Resign	ning Manager	P nn
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		1 SEP -3
			AMIL