LI4000 [5] 3||

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Semi Grind LL	LC
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and f	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to:
Derrick Deloach (Contact Person)	
(Contact Person)	
Semi Grind LLC (Firm/Company)	
(Time Company)	
P.O. Bex 3968 (Address)	
1cke Vilales, FL 33859 (City/State and Zip Code)	
For further information concerning this matter, please of	call:
Dercick Delosch at (72	7 271-7891
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori \$\sqrt{\$25}\$ Filing Fee \$\sqrt{\$55}\$ F	da Department of State for: iling Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

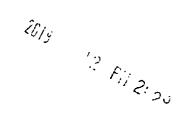
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





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 the Florida Department
of State is:S	emi Grind LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L140001S	1311
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 3-1-19
4. I. Thomas	hereby withdraw/resign as a lame of Person Resigning)
Direc	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
1	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
certified Copy.	φουνο (Optional)