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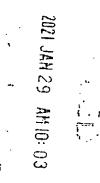
(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(==		,
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Certified Copies	_ Centricates	s or Status
<u>, </u>		
Special Instructions to	Filing Officer:	





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O SIMMONS MAR 13 2021

COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: Ruth on 98 LLC	
	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to:
Timothy Ricketts	
(Contact Person)	
(Firm/Company)	
495 Seminole Road	
(Address)	
Babson Park/Florida 33827	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Timothy Ricketts	at () 863-5750
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Englosed please find a check made payab	ole 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	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



2021 JAN 29 AM 10: 03

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)

	e limited liability company	as it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/r	esigned or will withdraw/resign is: 01/21/2021
Shawn Ricketts		, hereby withdraw/resign as a
· · · · · <u> </u>	Name of Person Resigning)	nereby withdrawnesign as a
MGR		
-	(Prmt Tule)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Sta		
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	