L14000189909

(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:	7			
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Office Use Only



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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)

		it appears on the records of the Florida Dep	partment
of State is: RAD 2. The Florida docu L14000189909		signed to this limited liability company is:	
3. The date this member/manager withdrew/resigned 4. I, Timothy Ricketts (Print Name of Person Resigning)			2021 MAR - 4
MGR			
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability company has been notifie	d 6 my
Signature i Di	ssociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		