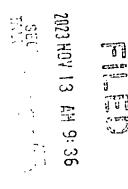
L150000 20200

(Requ	estor's Name))	
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phor	ie #)	
PICK-UP	☐ WAIT	MAIL	
(Busir	ness Entity Na	me)	
(Docu	ment Number)	
Certified Copies	Certificate	s of Status	
Special Instructions to Fili	ing Officer:		
		į	
Mill			
Office Use Only			



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11/13/23--01037--024 ••25.00



Division of Corporations

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Laurie Branch Conner				
(Contact Person)				
Branch Conners Realty (Firm/Company)				
(Finite Company)				
5834 Swinging Palm De				
\mathcal{J} \mathcal{J} (Address)				
Punta Garda, F1 33982				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Laurie Branch Connex	at (407) 201-944/a
(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: ✓ S25 Filing Fee ☐ \$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 810 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 ap	opears on the records of the F	lorida Department
	Branch Conner 1		
	ument/registration number assign	ed to this limited liability con	mpany is:
3. The date this me	mber/manager withdrew/resigned	d or will withdraw/resign is:	11/8/2023
	on Ne.R III Jame of Person Resigning)		
MGB	(Print Title)		
of this limited lial resignation in wr	bility company and affirm the lin	nited liability company has be	een-notifica of my
			S F
Signatúre of Di	ssociating Member or Resigning	Manager	9: 36
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		