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COVER LETTER

TO: Registration Section Division of Corporations		
27 Miles of Cosposations		
SUBJECT: Four Friends Ventures, LLC	;	
(Name of Lin	nited Liability Cor	mpany)
The enclosed member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Denise Scott		
(Contact Person)		-
Four Friends Ventures, LLC		
(Firm/Company)		_
30420 Bermont Road		
(Address)		_
Punta Gorda, FL 33982		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call:	
Denise Scott	941 at (628-2731
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy
1		
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		•

CR2E079 (2/14)



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	ie Florida De	partme	ent
of State is:	ır Friends Ventures, LLC	>	····		_•
2. The Florida doc	ument/registration number	assigned to this limited liability	company is:	:	
L1500005453	4			5	
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign	is: 12/08/20		
4. I,		, hereby withdraw/resign	າ as a	_ C 2	1 -7
	lame of Person Resigning)	,,	· <u> </u>	in a	-
Manager			ONL	PH 9: 25	456.04
	(Print Title)	•	S .	C	
of this limited lia resignation in wr		the limited liability company ha	ıs been notifi	ed of m	ıy
Signature of D	ssociating Member or Res	signing Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				