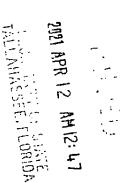
## L15000104444



04/12/21--01012--006 \*\*25.00



Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations	ŧ5 <b>♠</b>
Lekker By Die See, LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Lisa Sharp	
(Contact Person)	
Lekker By Die See, LLC	
(Firm/Company)	
P.O. Box 1242	
(Address)	
Gulf Breeze, Florida 32562	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Lisa Sharp	888 687-9153
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, r. E. 32314	Tallahassee, FL 32303



## 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)

	limited liability company as	• •	ds of the Florida Department
2. The Florida doc L15000104444	ument/registration number as	ssigned to this limited li	ability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/	4/1/2021 resign is:
4. I,	lame of Person Resigning)		
Authorized Meml			
	(Print Title) bility company and affirm th	o limited liability comp	any hay been notified of my
resignation in wr			2021 APR 12
C	issociating Member or Resig	ning Manager	12 AM 12: 4 SSEC. FLORIE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		