L15000/23334

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECKETARY OF STATE



COVER LETTER

TO: **Registration Section Division of Corporations** Angel's Heaven on Earth, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: April Lee Macys (Contact Person) Angel's Heaven on Earth (Firm/Company) 5372 S Suncoast Blvd. (Address) Homosassa, Fl. 34446 (City/State and Zip Code) For further information concerning this matter, please call: **April Lee Macys** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section** Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

CR2E079 (2/14)

Tallahassee, Florida 32301



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 Fl	lorida Depa	rtment
of State is:	el's Heaven on Earth			—·
2. The Florida doc	ument/registration number as	ssigned to this limited liability con	npany is:	
L1500012333	14			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	07/27/201	5
4. I, Sara Denny		hereby withdraw/resign as a	a	
(Print N	Name of Person Resigning)	, hereby withdraw/resign as a	-	
Manager				
	(Print Title)			
of this limited lia resignation in wr		e limited liability company has be	en notified	of my
Sam	Denny		SECRE TALLAH	
Signature of D	issociating Member or Resig	ning Manager	10 E	30 F
	/ /			= 17
Filing Fee:	\$25.00 (Required)		<u> </u>	ë O
Certified Copy:	\$30.00 (Optional)		PATE ORIO	M D