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## **COVER LETTER**

Division of Corporations
SUBJECT: SPA VACATION RENTALS, LLC (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:
PANDY A. BAYARD (Contact Person)
SRQ VACATION RENTALS, LLC (Firm/Company)
3751 S. SCHOOL AN. #11
SARASOTA, FL. 34239 (City/State and Zip Code)
For further information concerning this matter, please call:
DANOM A . BAMARD   at ( 712 ) 321-2513   (Name of Contact Person)   (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$

TO: Registration Section

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

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)

	limited liability company as it appears on the records of the Florida Department
of State is:	512Q VACATION RENTALS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L150	00202250
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 9/11/2020
	EPPINGER , hereby withdraw/resign as a me of Person Resigning)
	MBR Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
gruy a	side iating intember or Resigning Manager
Signature(of Di	ssociating vicinber or Resigning Manager
~	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)