

L16 0000001436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

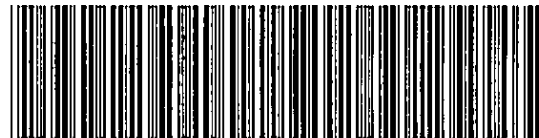
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y S11177
DEC 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olive Road 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:

Carl David Hoff

(Contact Person)

Olive Road LLC

(Firm/Company)

1725 Donegal Dr

(Address)

Cantonment, FL 32533

(City/State and Zip Code)

For further information concerning this matter, please call:

Carl David Hoff

at (850) 776-6251

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 the Florida Department of State is: 490 E. Olive Road LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000001436

3. The date this member/manager withdrew/resigned or will withdraw/resign is: November 04, 2019

4. I, Sally Beth Hoff, hereby withdraw/resign as a
(Print Name of Person Resigning)

Operating Manager and Treasure
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Sally Beth Hoff

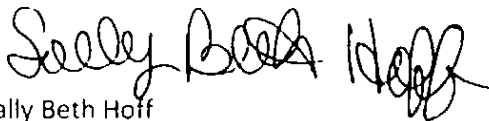
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2019 NOV - 8 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 04, 2019

I, Sally Beth Hoff, resign from Olive Road LLC effective immediately and give all my shares to Sally Beth Hoff.


Sally Beth Hoff