L16000058098

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
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PICK-UP	☐ WAIT	MAIL		
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FILED 2022 DEC -5 PH I: 07

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Sturgeons (Name of Limite	LLC ed Liability Company)
The end	closed member, resignation or dissociar	ion and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to:
	Christopher Sturge (Contact Person)	0
	Sturgeon 5 CCC (Firm/Company)	
	1284 there sa St. SE (Address)	<u>: </u>
	PAlm BAY, FC 32900 (City/State and Zip Code)	1
For fur	ther information concerning this matter	, please call:
_CH	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	ed please find a check made payable to Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	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

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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 l	limited liability company as it appears on the records of the Flor	rida Dep	artmer	ıt
of State is:	Sturgeons LLC			
2. The Florida docu	ment/registration number assigned to this limited liability comp	any is:		
L16000	0058098			
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 1	1118	207	2 کے
4. I. Brign (Print Na	Sea Beesle, hereby withdraw/resign as a time of Person Resigning)			
<u> </u>	ager Print Title)			
of this limited liab resignation in writ	ility company and affirm the limited liability company has beer ting.	37.5	1822	<u> </u>
Signature of Dis	sociating Member or Resigning Manager	77 77 71 71	DEC -5 PH 4: 07	
-	\$25.00 (Required) \$30.00 (Optional)	19:15 19:15	4: 07	```