L16 0000 68590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
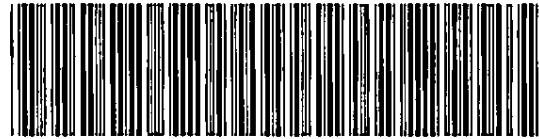
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bulk Nation Clermont 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:

Jonathan Drake
_____
(Contact Person)

Bulk Nation LLC
_____
(Firm/Company)

3110 53rd Ave E
_____
(Address)

Bradenton, Florida - 34203
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Chadwick Wilton   941   306-9105
_____ at (_____) _____
(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

<table>
<tr><td><u>Mailing Address:</u></td><td><u>Street Address:</u></td></tr>
<tr><td>Registration Section</td><td>Registration Section</td></tr>
<tr><td>Division of Corporations</td><td>Division of Corporations</td></tr>
<tr><td>P.O. Box 6327</td><td>The Centre of Tallahassee</td></tr>
<tr><td>Tallahassee, FL 32314</td><td>2415 N. Monroe Street, Suite 810</td></tr>
<tr><td></td><td>Tallahassee, FL 32303</td></tr>
</table>

CR2E079 (2/14)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
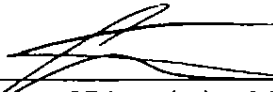(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bulk Nation Clermont LLC _____ .

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

L16000068590
_____ .

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 23, 2021 _____

4. I, Chadwick Wilton _____ , hereby withdraw/resign as a
      (Print Name of Person Resigning)

AMBR - Authorized Member
_____ .
      (Print Title)

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

_____
Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)