L16000074790

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
•	•	•		
	cument Number)			
(50	out that the state of the state			
C-Atti-d C-Li-	C-484	- 6 0 0 - 6 1 - 6		
Certified Copies	_ Certificates of	or Status		
				
Special Instructions to	Filing Officer:			
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Office Use Only



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FER 0 8 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Henriott Enterp (Name of Limited	Cises LLC Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Donald Henriott (Contact Person)	 _
Henriot Enterprises LL (Firm/Company)	<u> </u>
4523 Ondich Rd. (Address)	
Apop Ka FL 32712 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Donald Henriott at (Name of Contact Person)	(352) 348-1347 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th □ \$25 Filing Fee	e 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



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 i	it appears on the records	s of the Florida Department
	enriot Enterprise		
of State is:	enrioli Enterprise	15, LLC	
2. The Florida docu	ument/registration number ass	signed to this limited lia	bility company is:
L1600	0074790		
	mber/manager withdrew/resig	-	
4. I, <u>Teresa</u> (Print N	J. Henriott Jame of Person Resigning)	, hereby withdraw/r	esign as a
Member/Ma	nager Registered F	Agent	
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compa	ny has been notified of my
Jerisa D. T			73 753
Signature of Di	ssociating Member or Resign	ing Manager	2829 DEC 28 PH 6
Filing Fee:	\$25.00 (Required)		28
	\$30.00 (Optional)		<u> </u>
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