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## **COVER LETTER**

Registration Section TO: Division of Corporations Triangle Ranch, LLC SUBJECT: (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: LeAnne McKendree (Contact Person) Triangle Ranch, LLC (Firm/Company) 30303 Clay Gully Rd (Address) Myakka City, FL 34251 (City/State and Zip Code) For further information concerning this matter, please call: Elizabeth Moore (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fcc Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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 a	s it appears on the records of	of the Florida Department
of State is: Trian	gle Ranch, LLC		<u></u> -
2. The Florida docs 81-2633380	ument/registration number a	ssigned to this limited liab	ility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	sign is:
4. I, Garret T Barnes (Print N	ame of Person Resigning)	, hereby withdraw/res	sign as a
MGR			
<u> </u>	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thing	he limited liability compan	
Signature of Di	ssociating Member or Resig	gning Manager	FIII
-	\$25.00 (Required) \$30.00 (Optional)		6 AH 9