

L16 000126797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

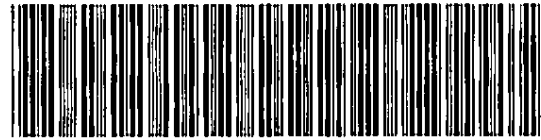
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY -6 AM 5:33
TOLSONVILLE, CANADA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NewTown USA 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:

Aaron Parrish

(Contact Person)

NewTown USA LLC

(Firm/Company)

1532 Reade Circle

(Address)

Saint Cloud Florida, 34772

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Parrish

407 346-6304
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

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 it appears on the records of the Florida Department of State is: NewTown USA LLC

2. The Florida document/registration number assigned to this limited liability company is:
81-3203503

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/4/21

4. I, Jarid Scott Parrish, hereby withdraw/resign as a
(Print Name of Person Resigning)

C.O.O

(Print Title)

I am a member/manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] 5/4/21
Signature of Dissociating Member or Resigning Manager

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

Witness: [Signature]

FILED
DIVISION OF CORPORATIONS
FLORIDA

2021 MAY -4 AM 5:33