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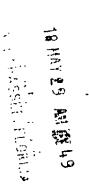
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Certified Copies	Certificates	of Status
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J LEGGETT MAY 29 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Sinkhole May, LLC (Name of Limited Liability Company)					
(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:					
Raymond A. Brandle II (Alex) (Contact Person)					
Sinkhole May, LL C (Firm/Company)					
810 SW 7th Avenue					
Ft. Landervale FL 333/5 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (603) 661-8433  (Area Code & Daytime Telephone Number	<u>r)</u>				
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum{15}\$\$25 Filing Fee & Certified Copy}					
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section					
Registration Section Registration Section					

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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)

	limited liability company as	s it appears on the records of th	ne Florida Department
2. The Florida docu		ssigned to this limited liability	company is:
4. I, Allison Pinke	rton	signed or will withdraw/resign, hereby withdraw/resign	
Member	ame of Person Resigning) . Print Title)		
of this limited liab resignation in wri		the limited liability company has $3/15/88$	s been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ning Manager	100 MAT 750 MAT 100 MA