## 417000042161

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Certified Copies Cer	tilicates of Status
Canada Instructions to Fill a Offi	
Special Instructions to Filing Offi	cer:





500419806375

12/04/23--01021--021 ++25.00

2023 DEC -4 PH 12: 11

C/ 12/16/2023

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Lawson and Rose Advertising.  SUBJECT:	LLC
	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
ARTHUR L HARDIE, IV	
(Contact Person)	
Lawson and Rose Advertising LLC	
(Firm/Company)	
158 Holderness Drive	
(Address)	
32779	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
ARTHUR I. HARDIE, IV	407 7183688 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



2023 DEC -4 Fill2: [1

## 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)

	e limited liability company as it appears on the records of the Florida Department on and Rose Advertising, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: Dec 1, 2023
4. I, Charles H. Rose	nberger , hereby withdraw/resign as a
(Print i	Name of Person Resigning)
Managing Partne	r
<del></del>	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Sugnature of the	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)