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(Reque	stor's Name)	
(Addres	55)	
(Address)		
(City/Si	tate/Zip/Phone	#)
		_
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filia	na Officer:	
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Office Use Only



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09/29/23--01021--013 **25.00



COVER LETTER

Division of Corporations Roots Almighty 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: Josie Orr (Contact Person) Roots Almighty (Firm/Company) 10381 W. Terry Street (Address) Bonita Springs, FL 34135 (City/State and Zip Code) For further information concerning this matter, please call: Josie Orr (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: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section



FILED 2023 SEP 29 AM 7: 08 -SEP 28 AM 7: 08

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)

The name of the limited liability company as of State is: Roots Almighty LLC	it appears on the records of the Florida Department
2. The Florida document/registration number as	ssigned to this limited liability company is:
	igned or will withdraw/resign is: September 25, 2023
4. I. Garner Fingal (Print Name of Person Resigning) Authorized Member	, nereby withdraw/resign as a
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Jame E. Figal, Signature of Dissociating Member or Resign	
Signature of Dissociating Member or Resign	ning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: