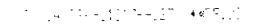
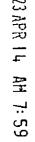


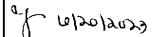
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only









COVER LETTER

Registration Section

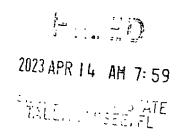
TO:

Division of Corporations 299 SAW MILL ASSOCIATES 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: FRANK MERCANDO (Contact Person) 299 SAW MILL ASSOCIATES LCC (Firm/Company) 500 SOUTH AUSTRALIAN AVE (Address) WEST PALM BEACH, FL 33401 (City/State and Zip Code) For further information concerning this matter, please call: 561 FRANK MERCANDO __ at (____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy □ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as it appears on the records of the Florida Department AW MILL ASSOCIATES LLC |
|--|---|
| | ument/registration number assigned to this limited liability company is: |
| | mber/manager withdrew/resigned or will withdraw/resign is: APRIL 6, 2023 SKI |
| MEMBER | , hereby withdraw/resign as a lame of Person Resigning) |
| | bility company and affirm the limited liability company has been notified of my iting. |
| Signature of Difference of Difference Signature of Difference of Differe | \$25.00 (Required) \$30.00 (Optional) |