117000 107 156

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100346097671

06/16/20--01007--030 •*25.00

RECEIVED

JUN 15 2020

2020 JULIS AH 8: 50

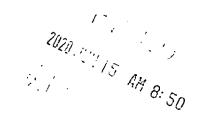
BUSISMUHIEN

I ALCO ITC's

. COVER LETTER

Division of Corporations	
SUBJECT: Southeast Youth Sports, LLC	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Yolanda Bronston	
(Contact Person)	
Southeast Youth Sports, LLC	
(Firm/Company)	
2409 Aloha Lane	
(Address)	
Middleburg, FL 32068	
(City/State and Zip Coxle)	
For further information concerning this mat	ter, please call:
Yolanda Bronston	904 304-3461 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:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81
	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)

	limited liability company as it appears on the records of the Florida Department least Youth Sports, LLC
2. The Florida doc L17000107156	ument/registration number assigned to this limited liability company is:
4. I,	ston, hereby withdraw/resign as a clame of Person Resigning)
Authorized Meml	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)