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Division of Corporations

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Account Number : 075410002172 Phone : (239)344-1100 Fax Number : (239)344-1529

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From: Derren Walls

FAX AUDIT NO.: H22000327431-3

Page: 2 of 3

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TO:	Registration Section Division of Corporations		:
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	(Name of Limited	Liability Co	mpany)
The e	nclosed member, resignation or dissociation	on and fee(	s) are submitted for filing.
Pleaso	return all correspondence concerning this	s matter to:	
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	(Firm/Company)		<del></del>
1715 N	Janroe Street		
	(Address)		-
Fort M	lyers, FL 33901		
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

From: Darren Wall

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FAX AUDIT NO.: H220003274313



## 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)

		it appears on the records of the	Florida Department
		ssigned to this limited liability e	ompany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is	September 14, 2022
new c			
(Print N	ame of Person Resigning)	, hereby withdraw/resign a	
Manager			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has	been notified of my
и	Villiam Foreman		202 141
Signature of Di	ssociating Member or Resig	ning Manager	API F SEP 2 ORETAL TAHASS
Filing Fee:	S25.00 (Required)		THE THE REPORT OF THE PERSON NAMED IN THE PERS
Certified Copy:	S30.00 (Optional)		PM 3: 30

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CR2E079 (2/14)