LIT 000 710 381

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

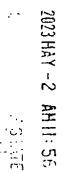
Office Use Only



600407792376

05,102, <u>23--01029--024 **25.09</u>

Lel30/25 VW



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3 Bird (Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Hailey Godder (Contact Person)	
3 13, r c15 (Firm/Company)	
1911 Anastasija (Address)	CT.
(Address) St. Pete, FL 3 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (727) 686-9181 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☑ \$25 Filing Fee	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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 a $Birds$, LLC		ds of the Florida Department
	ument/registration number a	issigned to this limited li	iability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/	resign is: $1/1/2023$
4. I, Mich	1 17 1 1	, hereby withdraw	
	7GR (Print Title)		
of this limited lia resignation in wr		he limited liability comp	pany has been notified of my
Signature of Di	ssociating Member or Resi	gning Manager	, 1 0 ;
	\$25.00 (Required) \$30.00 (Optional)		AHII: 56