L18000077495

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Dc	cument Number)			
(2.5	,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

_	on of Corporations			
COLUMN THE CASE.	Birchwood East, L.L.C.			
·	(Name of Limited Liability Company)			
The enclosed	member, resignation or disse	ociation and fee	(s) are submitted for filing.	
Please return	all correspondence concernir	ng this matter to	:	
Craig W. Went				
	(Contact Person)			
Birchwood East				
	(Firm/Company)			
20815 Nettleton	Street			
	(Address)		_	
Orlando, FL 328				
	(City/State and Zip Code)			
For further in	formation concerning this ma	itter, please call	:	
Craig W. Went		407 at (285-9558 	
(Na	ime of Contact Person)	(Area Cod	le & Daytime Telephone Number)	
Enclosed plea \$25 Filing	ise find a cheek made payabl Fee		Department of State for: ng Fee & Certified Copy	
Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 tassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



2024 2001 - 4 674 11: 15

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
		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:
Dateinia Coros		, hereby withdraw/resign as a
(Print) Member	Name of Ferson Resigning)	
of this limited lia resignation in wi	• •	limited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	