118000084419

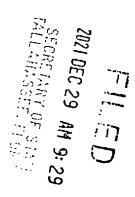
(Requ	iestor's Name)	<u> </u>
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
J. HORNE	302	
		13/39

Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 8, 2021

SARA WALDEN 10616 E GOBBLER DRIVE FLORAL CITY, FL 34436 US

SUBJECT: PAPAW'S COUNTRY STORE, LLC

Ref. Number: L18000084419

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 721A00027190

POS Division of Corp. PO Box 0327 Tallahasse FL 32314

www.sunbiz.org

TRANSMITTAL LETTER

Division of Corporations Papaw's Country Store, LLC **SUBJECT** (Name of Corporation) DOCUMENT NUMBER: L18000084419 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sara Walden (Name of Person) Papaw's Country Store, LLC (Name of Firm/Company) 10616 E. Gobbler Drive (Address) Floral City, Fl 34436 (City/State and Zip Code) For further information concerning this matter, please call: at (_____)

(Area Code & Daytime Telephone Number) Sara Walden (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

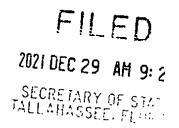
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

TO:

Amendment Section





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
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is: 110112021
4. I, <u>Susan</u> /	
Managi	ng Member. PrimTile)
of this limited liab	bility company and affirm the limited liability company has been notified of my ting.
Sa Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Required) \$30.00 (Optional)