Jan §3, 2025 17:35 (UTC)

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(((H25000002744 3)))



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To:

Division of Corporations

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From:

Account Name : BIRCH MITCHELL LAW, PLLC

Account Number : 120230000169
Phone : (727)686-0537
Fax Number : (727)353-5547

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:abirch@birchmitchelllaw.com

DEPART - 3 AM 10: 50 TALL SHARSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PATHFINDERS DOWNSIZING SOLUTIONS LLC

Certificate of Status	0
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H25000002744-3

COVER LETTER

Division of Corporations	
PATHFINDERS DOWNSIZING SC SUBJECT:	DLUTIONS I.I.C
	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
ADAM D. BIRCH, ESQ.	
(Contact Person)	
BIRCH MITCHELL LAW, PLLC	
(Firm'Company)	
200 CENTRAL AVENUE, 4TH FLOOR	
(Address)	
ST PETERSBURG, FL 33701	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
ADAM D. BIRCH, ESQ.	813 790-5469
(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	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 819
rannassee, FL 52514	Tallahassee, FL 32303

CR2E079 (2/14)

Jan Q3, 2025 12:35 (UTC)

H25000002744-3



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)

 The name of the limited liabilit 	y company as it appears on the recor	ds of the Florida Department
--	--------------------------------------	------------------------------

of State is: PATHFINDERS DOWNSIZING SOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000101866

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{1/1/2025}{1}$
- 4. I, RENEE BRUNELLE MATTHEWS hereby withdraw/resign as a (Print Name of Person Resigning)

MANAGER

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Renee Brunelle Matthews
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)

H250000027413