L18000116663

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
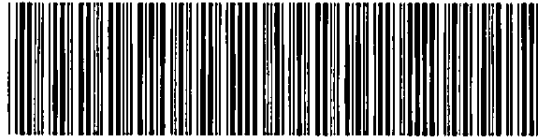(Document Number)

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COVER LETTER

TO: Registration Section
      Division of Corporations

SUBJECT: ___792 DESERT MOUNTAIN LLC___
               (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

___LEIGH BATEMAN___
          (Contact Person)

___792 DESERT MOUNTAIN LLC___
        (Firm/Company)

___7555 OSCEOLA POLK LINE ROAD___
          (Address)

___DAVENPORT FL 33896___
      (City/State and Zip Code)

For further information concerning this matter, please call:

___LEIGH BATEMAN___ at (_407_) _922 4975_
   (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	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E079 (2/14)

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: __792 DESERT MOUNTAIN LLC__

2. The Florida document/registration number assigned to this limited liability company is: __L18000116663__ .

3. The date this member/manager withdrew/resigned or will withdraw/resign is: __4/18/2024__

4. I, __GLENN BATEMAN__ , hereby withdraw/resign as a
   (Print Name of Person Resigning)

   __MANAGER__ .
   (Print Title)

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

_____
Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)