L18000148471

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section

TO:

Division of Corporations				
Scott Faulkner LLC SUBJECT:				
	f Limited Liability Co	ompany)	 	
The enclosed member, resignation or dis	ssociation and fee	(s) are submitted fo	or filing.	
Please return all correspondence concert	ning this matter to):		
Scott Ross				
(Contact Person)				
Scott Faulkner LLC				
(Firm/Company)				
4700 Millenia Blvd, Suite 175 PMB 92561				
(Address)	******			
Orlando, FL 32839				
(City/State and Zip Code)				
For further information concerning this	matter, please call	l:		
Scott Ross	321 at (230-5658		
(Name of Contact Person)		le & Daytime Teleph	one Number)	
Enclosed please find a check made paya	ble to the Florida	Department of Stat	te for:	
■ \$25 Filing Fee		ng Fee & Certified	•	
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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)

	Faulkner LLC	it appears on the records of the Flo		. partine	
2. The Florida doc L18000148471	ument/registration number ass	signed to this limited liability comp	oany is:		
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	/31/2020)	_
4. I. Monique Hubert	'ame of Person Resigning)	, hereby withdraw/resign as a			
Manager	(Print Title)				
of this limited lia resignation in wr		limited liability company has been	n notifi	ed of n	ny
	ne Hubert	-	i A	2021 M&S	
Signature of 19	issociating Member or Resign	ing Manager			* 1 ;
	\$25.00 (Required) \$30.00 (Optional)		; ; ::::::::::::::::::::::::::::::::::	5 AH 7:	