L18000150451

	(Requestor's Name)
	,
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
l	

Office Use Only



500362414585

03/24/21--01015--012 **25.00

DIVISION OF COSTAIN AND COST

JUN 0 7 2021 R. HUNT

COVER LETTER

TO: Registration Section **Division of Corporations**

STUMP INVESTMENTS LLC		
SUBJECT:		
	Limited Liability Con	npany)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:	
DEIDRE SCOTT		
(Contact Person)		-
STUMP INVESTMENTS LLC		
(Firm/Company)		-
2285 KINGSLEY AVE, STE A#1073		
(Address)	•	-
ORANGE PARK, FL 32073		
(City/State and Zip Code)		
For further information concerning this n	natter, please call:	
DEIDRE SCOTT	67 8	6228858
	at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payat	ole to the Florida D	Department of State for:
■ \$25 Filing Fee		Fee & Certified Copy

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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



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)

	e limited liability company as it appears on the records of the Florida Dep	
of State is:		202
	cument/registration number assigned to this limited liability company is:	202 HAR 24
		P.
3. The date this me SHARONDA Se	ember/manager withdrew/resigned or will withdraw/resign is:	P# 12: 07
4. I,	, hereby withdraw/resign as a	7
(Print) MANAGER/ME	Name of Person Resigning) MBER	
	(Print Title)	
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified riting.	d of my
Dreven	datt. No	
Signature of D	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Ontional)	