L18000173804

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

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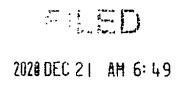


O SIMMONS FEB 0 5 2021

COVER LETTER

TO:	Regis	stration Section			
	Divis	sion of Corporations			
SUBJ	ECT:	Peridot Place Holdings, LLC			
		(Name of	Limited I	Liability Cor	mpany)
The er	nclosed	d member, resignation or dis	sociation	n and fee(s	s) are submitted for filing.
Please	return	all correspondence concerr	ing this	matter to:	
Rebecc	a Marie	Hennessey			
		(Contact Person)	<u></u>		_
Peridot	Place F	Holdings, LLC			
		(Firm/Company)		·	_
410 491	th Ave T	Гегтасе West			
		(Address)			_
Braden	ton, FL	34207			
_		(City/State and Zip Code)	_		_
For fu	rther in	nformation concerning this r	natter, p	lease call:	
Rebecc	a Marie	Hennessey	at (513	236-4146
	(N	ame of Contact Person)			& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payal	ole to the	e Florida D	Department of State for:
■ \$25	Filing	g Fee		\$55 Filing	g Fee & Certified Copy
		ng Address:			Street Address:
	_	stration Section			Registration Section
		ion of Corporations Box 6327			Division of Corporations
		- ·			The Centre of Tallahassee
	ı amaı	hassee, FL 32314			2415 N. Monroe Street, Suite 810
					Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE AND SECTION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		y as it appears on the records of the Florida Department
		er assigned to this limited liability company is:
3. The date this me	ember/manager withdrew	/resigned or will withdraw/resign is:
Debra A Hennes	sey	hander with days (
(Print N	Name of Person Resigning)	, hereby withdraw/resign as a
Authorized Meml		
-	(Print Title)	·
of this limited lia resignation in wr		m the limited liability company has been notified of my
Gabea A	Dennessed	
Signature of D	issociating Member or Re	esigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	