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| (Re                                     | questor's Name)    |             |  |  |
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| (Cit                                    | ry/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
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## **COVER LETTER**

| TO:           | Registration Section Division of Corporations |  |
|---------------|---|--|
|               | BOX & TAPE MOVING AND ST                      | OR A GELL C  |
| SUBJ          | ECT:  | mited Liability Company)                           |
|               | (Name of Er                                   | miled Endinty Company)                             |
| The er        | nclosed member, resignation or disso-         | ciation and fee(s) are submitted for filing.       |
| Please        | return all correspondence concerning          | g this matter to:                                  |
| Nathlee       | e Gooden                                      |  |
|               | (Contact Person)                              |  |
|               |   |  |
|               | (Firm/Company)                                |  |
| 5248 L        | ONG RD APT B                                  |  |
|               | (Address)                                     |  |
| ORLA          | NDO FL 32808                                  |  |
|               | (City/State and Zip Code)                     |  |
| For fu        | rther information concerning this ma          | tter, please call:                                 |
| NATH          | LEE GOODEN                                    | 4075770210<br>at ( )                               |
|               | (Name of Contact Person)                      | (Area Code & Daytime Telephone Number)             |
| Enclos        | sed please find a check made payable          | to the Florida Department of State for:            |
| <b>■</b> \$25 | 5 Filing Fee                                  | ☐ \$55 Filing Fee & Certified Copy                 |
|               | Mailing Address:                              | Street Address:                                    |
|               | Registration Section                          | Registration Section                               |
|               | Division of Corporations<br>P.O. Box 6327     | Division of Corporations 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)

|  | & TAPE MOVING AND STORAC                 |                                | e Florida De   | partine     | ent<br>                                |
|--|--|--------------------------------|----------------|-------------|--|
|  | ument/registration number ass            |                                | company is:    |             |  |
| 3. The date this me                                    | ember/manager withdrew/resig             | gned or will withdraw/resign i | s:             |             | _                                      |
| 4. I, NATHLEE GOODEN  (Print Name of Person Resigning) |  | , hereby withdraw/resign       | as a           |             |  |
| (Print N   | lame of Person Resigning)                |                                |                |             |  |
| MANAGER  |  |                                |                |             |  |
|  | (Print Title)                            |                                |                |             |  |
| of this limited lia<br>resignation in wr               | bility company and affirm the iting.     | limited liability company has  | s been notitie | ed of n     | ny                                     |
| Dashle   | Good                                     |                                |                | 2021 1      |  |
| Signature of D   | issociating Member or Resigni            | ing Manager                    |                | 2021 FEB 10 | ************************************** |
| Filing Fee:<br>Certified Copy:                         | \$25.00 (Required)<br>\$30.00 (Optional) |                                | . •            | PH 7: 25    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |