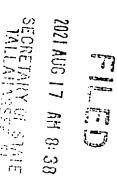
K18000 20 1124

(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:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Round Lake TBD LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
Steven P. Anderson	
(Contact Person)	
Round Lake TBD LLC	
(Firm/Company)	
3080 Cat Tail Lane	
(Address)	
DeBary Florida 32713	
(City/State and Zip Code)	
For further information concerning this matter	; please call:
Steven P. Anderson	386 747 9100 at ()
(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: 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)

	limited liability company as	s it appears on the records of	the Florida Department
2. The Florida doc L18000201128	ument/registration number a	issigned to this limited liabilit	ty company is:
4. I. Revi Carmi		signed or will withdraw/resigned	
		he limited liability company h	as been notified of my
Signature of D	Gr~; issociating Member or Resig	gning Manager	2021 AUG 17 SEGRETARY
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7 MM 8: 3