L18000229155

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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5EB 12 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>CYPRESS</u> , (Name of Lim	LLC ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Michael C Lavall (Contact Person)	lee
(Firm/Company)	
3043 Hicks Place (Address)	
The Villages FL 33 (City/State and Zip Code)	2163
For further information concerning this matter	er, please call:
Michael C. Lavallee (Name of Contact Person)	at (<u>404</u>) <u>328-868</u> / (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\times\$ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the	limited liability compa	ny as it appears on the records of the	Florida Do	epartment	
of State is:	CYPRESS	LLC			
2. The Florida docu	ment/registration numb	ber assigned to this limited liability co	ompany is	1	
L 1800	0229155	······································			
3. The date this me	mber/manager withdre	w/resigned or will withdraw/resign is:	Dece	<u>mber</u> 31,6	1020
4.1. <u>Michae</u> (Print N	C Lavallee	, hereby withdraw/resign as	s a		
Managing	Partner (Print Title)	<u></u> .			
of this limited lial resignation in wr		rm the limited liability company has	been notif	ied of my	
Michael E.	Inlle				
Signature of Di	ssociating Member or	Resigning Manager	•,	2021	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		<u>∴ ue</u> (2021 JAN-4	
Certified Copy:	\$30.00 (Optional)		· ,-	4 PM 6	