L18000250391

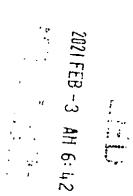
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
ertified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



500358982825

02/03/21--01016--016 **55.00



O SIMMONS MAR 1 9 2021

COVER LETTER

any)
are submitted for filing.
225-0452
Daytime Telephone Number)
artment of State for: ce & Certified Copy
reet Address:
•

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)

	re limited liability company as it appears on the records of the Florida Department pitality Investment Partners, LLC
	cument/registration number assigned to this limited liability company is:
Stankin Engill	nember/manager withdrew/resigned or will withdraw/resign is:
4. 1,	. hereby withdraw/resign as a Name of Person Resigning)
Manager Memb	
	(Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of I	Dissociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)