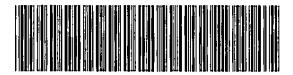
## L18000253897

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/Štate/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Corporations	
SUBJECT: 3 STRAND TROPERTY Sout 101 (Name of Limited Liability Company)	VS, LLC
The enclosed member, resignation or dissociation and fee(s) are submit	ited for filing.
Please return all correspondence concerning this matter to:	
GARY P. WITHAM, SR. (Contact Person)	
3 STRAND PROPERTY SOLUTIONS, LLC	
1401 BUENAVISTA BLVD. (Address)	
PANAMA CITY, FL 32401 (City/State and Zip Code)	20 COT 25
For further information concerning this matter, please call:	Pi Pi
CARY P. WITHAM, St. at (850) 832 (Name of Contact Person) (Area Code & Daytime)	-26/5 Telephone Number)
Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee   ☐ \$55 Filing Fee & Cer	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

**TO:** Registration Section



## 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 company as it appears on the reco	ords of the Florida Department
of State is: 3	STRAND PROPERTY SOLUTION	vs, LLC
2. The Florida doc	ument/registration number assigned to this limited	liability company is:
L 1800	00253897	
3. The date this me	ember/manager withdrew/resigned or will withdray	v/resign is: <u>10/22/2020</u>
4. 1, <u>James L</u> (Print)	E. HOLSOMBAKE, hereby withdraware of Person Resigning)	w/resign as a
MANAC	(Print Title)	
of this limited lia resignation in w	ibility company and affirm the limited liability contiting.	npany has been notified of my
Signature of	issociating Member or Resigning Manager	80 ·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	26 FH 314
		5 23