118000273308

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

Office Use Only



200383623212

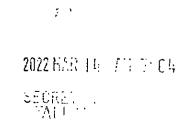
03/14/22--01024--016 **25.00



O SIMMONS MAR 24 2022

TO:	Registration Section	-	
	Division of Corporations		
SUBJ	Removal of Member / Authorized	Person	
	(Name of L	Limited Liability Co	ompany)
The er	nclosed member, resignation or disso	ociation and fee((s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to:	:
Petr Va	ach		
	(Contact Person)		_
Bahr F	ossils LLC Dba All In One Propane		
	(Firm/Company)		_
207 E A	Magnolia St.		
	(Address)		_
Leesbu	irg. FL 34748		
	(City/State and Zip Code)	 	_
For fu	rther information concerning this ma	atter, please call:	:
Petr Va	ich	352 at (874-1921
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	sed please find a check made payable	e to the Florida I	Department of State for:
	5 Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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)

	e limited liability company as it appears on the records of the Florida Departmen R FOSSILS LLC
2. The Florida doc L18000273308	nument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: 8 MARCH 2022 r
(Print i	Name of Person Resigning) (Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my
Less Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)