418000 277395

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: My W Oodch Ock LLC L18 000277395
The enclosed member resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Catherine Pay (Contact Person)
M Woodch Vok LLC (Firm/Company)
\$367 Palacio Ter. So.
Naples FL 3414
(City/State and Zip Code)
For further information concerning this matter, please call:
/ n ==
(Name of Contact Person) at (39) 250-\$550 (Area Code & Daytime Telephone Number)
(Mane of Contact Ferson) (Mea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{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



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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 records of the Florida Department
of State is: Mr. Woodchock LLC
2. The Florida document/registration number assigned to this limited liability company is:
128000277395
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Jeffe Smith, hereby withdraw/resign as a (Print Name of Person Resigning)
Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Tesignation in writing
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)



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 records of the Florida Department
of State is:	Nr. Woodchuck HE
	ument/registration number assigned to this limited liability company is:
	4000 777395
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. H\ (hereby withdraw/resign as a law of Person Resigning)
me	mber.
	(Print Title)
	bility company and affirm the limited liability company has been notified of my
resignation in wr	iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)