

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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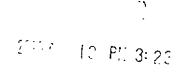
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COVER LETTER

TO: Regi	istration Section			
Divi	sion of Corporations			
SUBJECT:	SPOTTED EAR RANCH, LLC			
	(Name of	Limited Liability Company)		
The enclose	d member, resignation or dis	ociation and fee(s) are submitted for filing.		
Please retur	n all correspondence concern	ng this matter to:		
ALEXZAND	ER GONANO, ESQ.			
	(Contact Person)			
GONANO &	HARRELL			
	(Firm/Company)			
1600 S, FEDI	ERAL HWY., STE. 200			
-	(Address)			
FORT PIERC	E, FL 34950			
	(City/State and Zip Code)			
For further i	information concerning this n	atter, please call:		
TODD A. HE	ACOCK	772 577-3200 at ()		
(1	Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed plane S25 Filin	• •	le to the Florida Department of State for: \$\Boxed{\subset}\$ \$\\$55 \text{Filing Fee & Certified Copy}\$		
	ing Address: istration Section	Street Address:		
Divi	sion of Corporations	Registration Section Division of Corporations		
	Box 6327	The Centre of Tallahassee		
1 3113	ahassee, 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)

	limited liability company as it	appears on the records of the Florida Department
		igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: 4/1/2020
4. 1, SABRINA L. BLACK (Print Name of Person Resigning)		, hereby withdraw/resign as a
MANAGER	ame of Person Resigning)	
	(Print Title)	
of this limited lial resignation in wr		limited liability company has been notified of my
Salma	2 Red	
Signature of Di	ssociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	