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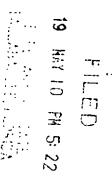
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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MAY 22 2019

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: Compass 22 LLC (Name of Limited Liability Company)						
(Name of Limited Liability Company)						
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
Elizabeth Wing						
(Contact Person)						
Compass 22 LLC (Firm/Company)						
87 Depot RD (Address)						
Yarmouth ME 04096 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Elizabeth Wing at (207) 408 6862 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						



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 lin	mited liability company as i	t appears on the re	ecords of the Florid	la Departm	ent
of State is:	-ompass22	LLC		<u> </u>	<u> </u>
2. The Florida docum	ent/registration number ass	signed to this limit	ed liability compan	ıy is:	
	00047617			ı 1	
3. The date this memb	ber/manager withdrew/resig	gned or will withdr	raw/resign is: 5	±3/1	9
4.1. Elizabe (Print Nam	th Wing e of Person Resigning	, hereby withd	lraw/resign as a	·	
AMG	rint Title)				
of this limited liabili resignation in writir	ity company and affirm the	limited liability co	ompany has been n	,	
H	ling			MAY 10	TIME
Signature of Disso	ociating Momber or Resign	ing Manager	 st	PH 5:	Ö
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		e e e e e e e e e e e e e e e e e e e	22 22	