119000089805

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phon	e #)	
PICK-UP	MAIT WAIT	MAIL	
(Bus	iness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000338250350

12/30/19~~01011~~010 **25.00

S TAILENT JAN 3 0 2020 2019 DEC 30 AM 8: 11

Mary mary

COVER LETTER .

Division of Corporations
SUBJECT: Our Good Deeds LLC (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:
Robert Larve (Contact Person)
Dur Godd Deeds LLC (Firm/Company)
5) Capistrano Dr. (Address)
Ormand Deach FL. 32176 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark Dinolsce at (386) 290-1057 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

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



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 li	mited liability company as it appears on the records of the Florida De	epartmen	ıt
of State is:	our Good Deeds 21C		
2. The Florida docum	nent/registration number assigned to this limited liability company is	:	
L190000	189805 Filed April 1, 2019		
3. The date this mem	iber/manager withdrew/resigned or will withdraw/resign is: <u>Decer</u>	ber 2	4,201
	hereby withdraw/resign as a ne of Person Resigning)		,
Manage	crint Title)		
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notifing	ied of my	<i>f</i>
Signature of Diss	sociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2919 DEC 30	đ į
		AH 8:	المرابعة الم