119000 108120

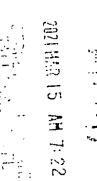
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/1 Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
_				

Office Use Only



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03/11/21--01017--028 **25.00



D. BRUCE HAY 19 2021

COVER LETTER

ry Company) fee(s) are submitted for filing. er to:
fee(s) are submitted for filing.
er to:

2021 H/2
223-1369
Code & Daytime Telephone Number)

TO: Registration Section

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)

En	imited liability company as amored Realty LLC	it appears on the records of the	e Florida Department
2. The Florida docur	nent/registration number ass	signed to this limited liability	company is:
	nber/manager withdrew/resi	gned or will withdraw/resign i	s:
4. I,		, hereby withdraw/resign	as a
(Print Na	ne of Person Resigning)		202
Manager			2021 P.S.3
(Print Title)			
of this limited liabi resignation in writ	lity company and affirm the ing.	e limited liability company has	s been notified of my
Mi	randa Meyer		7: 22
Signature of Dis	sociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		