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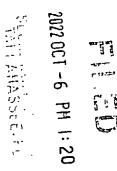
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(Requestor's Name)	
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COVER LETTER

TO:	Registration Section			
	Division of Corpora	tions		
SUBJI	ECT: The Nectary LL	C (Name of Limit	ed Liability Con	npany)
rri	1			
i ne en	iciosed member, resi	gnation of dissocia	tion and ice(s	are submitted for filing.
Please	return all correspon	dence concerning th	nis matter to:	
Kathryn	ı Adeney			
	(Cont	act Person)		_
The Nec	ctary LLC			
	(Firm	(Company)		
720 Eas	ston Dr			
	(Ac	dress)		-
Lakelan	nd FL 33803			
	(City/Star	e and Zip Code)		_
For fur	rther information co	ncerning this matte	r, please call:	
Kathryn	ı Adeney		863 at (937-7879
	(Name of Contact	Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed please find a che	ek made payable to	the Florida I	Department of State for:
	Filing Fee	,		g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 lia	ability company as it appears on the records of the Florida Department
of State is: The No	ectary LLC	·
2. The Florida docu	ment/regi	istration number assigned to this limited liability company is:
3. The date this mer	mber/man	nager withdrew/resigned or will withdraw/resign is: October 1, 2022
4. I. Michelle R. Sylve	ester	, hereby withdraw/resign as a
(Print No	ime of Pers	, hereby withdraw/resign as a son Resigning)
Managing Member	r (MGRM)	
(,	Print Title)	 -
of this limited liab resignation in wri		pany and affirm the limited liability company has been notified of my
Signature of Dis	ssociating	Member or Resigning Manager
Filing Fee: Certified Copy:		O (Required) O (Optional)