<u>L1900010939</u>

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	_	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
opeoid: madedona to	, imig Officer.	





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R. WH'TE NOV 2 0 2020

1904A HWY A1A INDIAN HARBOUR BEACH, FL 32937

October 5, 2020

RE: Resignation of a member

Good afternoon,

I thank you for time. The document was submitted with an incorrect document number.

I have corrected the number on the paperwork.

The check numbered 11411, for 25.00, for this submittal, had the wrong account number in the memo and cleared our bank on 7/30/2020. Please move those funds to Document number L19000120939 for this submittal.

Thank you again.

Carmine Villani

970.485.3733

RECEIVED



2 %, 118 PM 5:04

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 Uit Holdings LLC
_ L1900	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{7}{20}$ 2020
4. I. <u>Jeff P.</u> Print N	Harding hereby withdraw/resign as a lane of Person Resigning)
Men	nber/MGR.
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	Les
Signature of Dy	ssogiating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)