1/9000/42023

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 1000° |
| 27 |

Office Use Only



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PU //

COVER LETTER

| Division of Corporations | | | |
|--|---------------------|---|--------------------|
| SUBJECT: Cranbrook Management LLC | | | |
| (Name of Lit | mited Liability Con | npany) | |
| The enclosed member, resignation or dissoc | ciation and fee(s | s) are submitted for filing. | MIL JUN 27 M 9: 58 |
| Please return all correspondence concerning | g this matter to: | | P.55C |
| Phylicia Campbell | | _ | 58 |
| (Contact Person) | | | |
| Crandbrook Management LLC | | _ | |
| (Firm/Company) | | | |
| 2750 nw 44th st apt 607 | | | |
| (Address) | | | |
| Oakland Park, FL 33309 | | _ | |
| (City/State and Zip Code) | | | |
| For further information concerning this ma | atter, please call | : | |
| Phylicia Campbell | 443 at (| 473-8144 | |
| (Name of Contact Person) | (Area Cod | e & Daytime Telephone Number | :r) |
| Enclosed please find a check made payable \$25 Filing Fee | e to the Florida | Department of State for: ng Fee & Certified Copy | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallebassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S. | |

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section





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 liability company as it appears on the records of the Florida Department |
|--|
| of State is: |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| L19000142023 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/16/2022 |
| 4. I, Phylicia Campbell, hereby withdraw/resign as a, hereby withdraw/resign as a, |
| (Print Name of Person Resigning) |
| Registered Agent/manager |
| (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| |
| Signature of Dissociating Member or Resigning Manager |

Filing Fee:

\$25.00 (Required)

Certified Copy: \$30.00 (Optional)