## 119000159478

(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:			
J. HORNE			
MAR 2 5 2022			

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## COVER LETTER

**Division of Corporations** SUBJECT: (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: H. Bart Fleet (Contact Person) Fleet, Smith and Freeman (Firm/Company) 1283 Eglin Parkway, Suite A (Address) Shalimar, FL 32579 (City/State and Zip Code) For further information concerning this matter, please call: Janet M. Merritt (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L 19000159478	ment/registration number as	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:
4. I. Suzette L McPherson  (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	<del></del> :
CEO		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company has been notified of my
Sunto	MALLE	<del> </del>
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	