LI- 000 00 445

(Requestor's Name)				
(Address)				
(Address)				
· ·				
(6), (6), (7), (9)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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24 APR 24 KM 5: 40

COVER LETTER

TO:	Regis	tration Section		
	Divis	ion of Corporations		
SUBJE	ECT:	Bent Oak Tree Service Llc.		
		(Name of	Limited Liability Co	ompany)
The en	closed	member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to	o:
Michael	l Morga	n		
		(Contact Person)		_
		(Firm/Company)		
6190 Al	Imont S	St.		
		(Address)		_
Cocoa, I	F1, 3292	27		
		(City/State and Zip Code)		_
For fur	ther in	formation concerning this m	atter, please call	l:
Michael	Morga	n	321 at (848-6939
	(Na	ame of Contact Person)		le & Daytime Telephone Number)
Enclose	ed plea	ase find a check made payab	le to the Florida	Department of State for:
\$25				ng Fee & Certified Copy
		g Address:		Street Address:
		tration Section		Registration Section
		ion of Corporations Box 6327		Division of Corporations
		oox 6327 assee, FL 32314		The Centre of Tallahassee
	randi	idasce, 1 iJ J2J (4		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)

	Oak Tree Service Lle	assigned to this limited liability company is:	_·
1.19000162495			
		signed or will withdraw/resign is:	_
4. 1, Michael Morgan	lame of Person Resigning)	, hereby withdraw/resign as a	
Manager	Tollow Holling		
-	(Print Title)		
of this limited lia resignation in wr		he limited liability company has been notified of n	ıy
Mi	he Maryn		
Signature of D	he House issociating Member or Resig	gning Manager	
	\$25.00 (Required)	24 APR 24	:;