L19 600 17780Z

(Requestor's Name)				
(Address)				
(1000)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Continue of Chabon				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special histractions to 1 ming officers				

Office Use Only



600356827926

12/30/20--01014--006 **25.00

FEB 10 2021 6: 42

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUBJ	JECT: Staged2Sell LLC			
	(Name of	Limited Liability Co	ompany)	
The e	enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.	
Pleas	e return all correspondence concern	ing this matter to:	:	
So	nya Parsons		_	
	(Contact Person)			
	(Firm/Company)		_	
3^	158 Merrit Lane, The Villages, FL 32163	3	_	
	(Address)			
	(City/State and Zip Code)			
For fi	urther information concerning this n	natter, please call:	:	
S	onya Parsons	at (
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclo	osed please find a check made payat	ole to the Florida	Department of State for:	
₮ \$2	5 Filing Fee	□ \$55 Filin	ig Fee & Certified Copy	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section Division of Corporations	
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		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)

1. The name of the	e limited liability company as it appears on the	records of the Florida Department
of State is:	Staged2Sell LLC	
2. The Florida doc	nument/registration number assigned to this limit	ited liability company is:
L1900017780	2FEI	
3. The date this me	ember/manager withdrew/resigned or will with	draw/resign is: December 26, 2020
4. I. Sonya M P	Parsons, hereby with Name of Person Resigning)	draw/resign as a
Authorized I	Member (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability c	•
	_	299 DEC
Signature of D	Parsons issociating Member or Resigning Manager	2929 DEC 30 PM 6: 4
	\$25.00 (Required)	·
ceranea copy.	\$30.00 (Optional)	-4- ⁻