

L19 000213056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

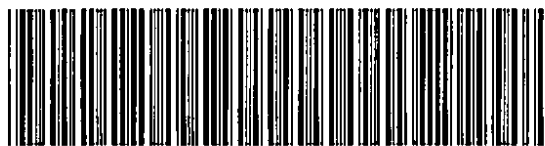
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/07/22--01011--011 \*\*25.00

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*Dissociation*

OCT 17 2022

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Your Realm - Your Ride Parts, LLC  
(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:

Sean Norris

\_\_\_\_\_  
(Contact Person)

Your Realm - Your Ride Parts, LLC

\_\_\_\_\_  
(Firm/Company)

700 East Bay Dr Ste 1

\_\_\_\_\_  
(Address)

Largo, FL, 33770

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Norris

727

265-0055

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 JUL -7 PM 9:21



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: Your Realm - Your Ride Parts, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000213056

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2022

4. I, Frank McGrath, hereby withdraw/resign as a

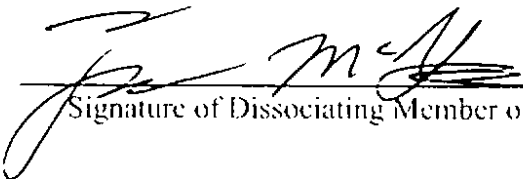
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

2022 JUL -7 PM 6:21


  
Signature of Dissociating Member or Resigning Manager

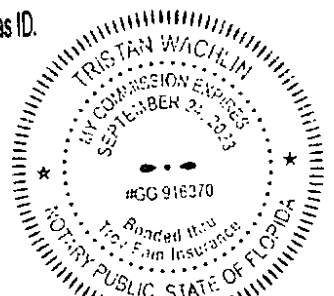
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

State of Florida County of Pinellas

This foregoing instrument was acknowledged before me

this 7/1/22 by Frank McGrath  
who is personally known to me or has produced FLDL as ID.





**NOTICE OF WITHDRAWAL FROM PARTNERSHIP**

To: Partners of Your Realm - Your Ride Parts, LLC (the "Remaining Partners")

From: Frank McGrath

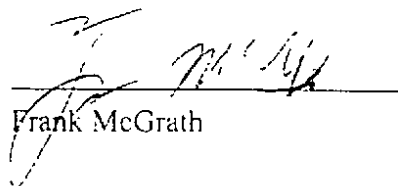
Frank McGrath (the "Withdrawing Partner") of 406 Ocean Ct, Clearwater, FL, 33756 is a partner in the partnership of Your Realm - Your Ride Parts, LLC (the "Partnership") established on the 19th day of August, 2018 for the purpose of running a retail powersport parts store and formed in accordance with a partnership agreement (the "Partnership Agreement").

The Withdrawing Partner desires to voluntarily withdraw from the Partnership. The date of the withdrawal will be the 1st day of July, 2022.

With this document, the Withdrawing Partner gives 1 Day notice of withdrawal in writing by registered or certified mail to the Remaining Partners at each Remaining Partner's last known address.

The Partnership Agreement is governed by the laws of the State of Florida and provides that the exclusive jurisdiction for the enforcement of this matter is with the courts of the State of Florida.

I, Frank McGrath accept \$9,000 to withdraw from Your Realm - Your Ride Parts, LLC as a partner and will no longer have any interest in the company.

  
Frank McGrath

7/1/2022  
Date

2022 JUL -7 PM 9:21

State of Florida County of Pinellas  
This foregoing instrument was acknowledged before me  
this 7/1/22 by Frank McGrath  
who is personally known to me or has produced \_\_\_\_\_ as ID.

