L19000384379

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
ified Copies Certificates of Status							
ecial Instructions to Filing Officer:							
Office Use Only							



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C KILISE,

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	REAL CINDY'S LLC		
	(Name of L	imited Liability C	(ompany)
The ei	nclosed member, resignation or disse	ociation and fee	e(s) are submitted for filing.
Please	return all correspondence concernir	ig this matter to	o:
Scot A	A Kern		
	(Contact Person)		<u> </u>
REAL	CINDY'S LLC		
	(Firm/Company)		
23 Old	d Palmetto Path		
	(Address)		
St. Ma	arks, FL 32355		
	(City/State and Zip Code)		
For fu	orther information concerning this ma	itter, please cal	I:
Scot K	Kern	260	414-1999
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo:	sed please find a check made payable	e to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	randinassee, FL 32314		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)

	limited liability company as CINDY's LLC	it appears on the rec	ords of the Flor	ida Depai	tment
2. The Florida doct L19000284379	ument/registration number as	ssigned to this limite	d liability compa	any is:	
3. The date this me	mber/manager withdrew/res	igned or will withdra	12/ aw/resign is:	16/19 ————	
4.1. <u>Juste</u>	n Paris ume of Person Resigning)	, hereby withdr	aw/resign as a		
<u>memb</u>	er (Print Title)				
of this limited lia resignation in wr	bility company and affirm th	e limited liability co	mpany has been	notified (of my
Signature of 1)	ssociating Member or Resig	ning Manager	Ĭ,	201	
	that our in the			2019 DEC 17	· ¿.
_	\$25.00 (Required) \$30.00 (Optional)		<i>;</i>	17 AH	~ . [:]
			;	11:16	•.