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| (F                                      | 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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## **COVER LETTER**

| Divis         | sion of Corporations                     |                     |   |
|---------------|--|---------------------|---|
| SUBJECT:      | Bellow Press LLC                         |                     |   |
| SOBJECT.      | (Name of                                 | Limited Liability C | ompany)                                       |
| The enclosed  | d member, resignation or diss            | sociation and fee   | (s) are submitted for filing.                 |
| Please return | all correspondence concern               | ing this matter to  | ):  |
| Jacqueline L. | Johansen, Esq.                           |                     |   |
|               | (Contact Person)                         |                     | _   |
|               | (Firm/Company)                           |                     |   |
| P.O. Box 206  |  |                     |   |
|               | (Address)                                |                     |   |
| Ridgefield, C | Г 06877                                  |                     |   |
|               | (City/State and Zip Code)                |                     | _   |
| For further i | nformation concerning this n             | natter, please cal  | 1:  |
| Jacqueline L. | Johansen, Esq.                           | 774<br>at (         | 327-0059                                      |
| (1)           | Name of Contact Person)                  |                     | de & Daytime Telephone Number)                |
| Enclosed ple  | ease find a check made payab             | ole to the Florida  | Department of State for:                      |
| □ \$25 Filin  | g Fee                                    | <b>≡</b> \$55 Fili: | ng Fee & Certified Copy                       |
|               | ng Address:                              |                     | Street Address:                               |
| _             | stration Section<br>sion of Corporations |                     | Registration Section Division of Corporations |
|               | Box 6327                                 |                     | The Centre of Tallahassee                     |
|               | nhassee, FL 32314                        |                     | 2415 N. Monroe Street, Suite 819              |
|               | ,  |                     | Tallahassee, FL 32303                         |

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECKELARY UP STATE
TALLAHASSEE, FL

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

|  | limited liability company as<br>w Press LLC | it appears on the records of the    | Florida Department  |  |
|--|---|-------------------------------------|---------------------|--|
| 2. The Florida doct                                      | ument/registration number as                | ssigned to this limited liability c | ompany is:          |  |
| 3. The date this me                                      | ember/manager withdrew/res                  | igned or will withdraw/resign is    | May 31, 2022        |  |
| 4. I, Robert Kirkbride  (Print Name of Person Resigning) |   | , hereby withdraw/resign as a       |                     |  |
| member   |   |                                     |                     |  |
|  | (Print Title)                               |                                     |                     |  |
| of this limited lia<br>resignation in wr                 |   | e limited liability company has     | been notified of my |  |
| Robert Kirk  | ébride                                      | <del></del>                         |                     |  |
| Signature of D   | issociating Member or Resig                 | ning Manager                        |                     |  |
|  | \$25.00 (Required)                          |                                     |                     |  |
| Certified Copy:  | \$30.00 (Optional)                          |                                     |                     |  |