## L20 000 108 325

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(esoniose Enaily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2022 JUL 29 PH 2: 54

## **COVER LETTER**

Division of Corporations	
Grace C. Enterprises	
SUBJECT: (Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Monise Etienne	
(Contact Person)	<del></del>
Grace C . Enterprises LLC	
(Firm/Company)	
2342 50th TER SW	
(Address)	L-128
Naples FL 34116	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Monise Etienne 239 at (	465 - 6996
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for:
□ \$25 Filing Fee ■ \$5	5 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
rananassee, t L 32314	Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
2022 JUL 29 PH 2: 54
SECRETARY OF STATE
TALLAHASSEE. FL

## 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 Departm	ent
of State is: Florid	Grace C Enterprises LLC	<u> </u>
2. The Florida docu L20000108325	ment/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	<u></u>
4. I, Marie Etienne (Print N	, hereby withdraw/resign as a me of Person Resigning)	
Manager		
	Print Title)	
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of ting.	ny
Marie Signature of Di	7/28/22 ssociating Member or Resigning Manager	
Signature of Di	asociating Memoet of Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	