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

| TO: Registration Section Division of Corporations | |
|---|---|
| WELL SHELTERED, LI SUBJECT: | C |
| (N | fame of Limited Liability Company) |
| The enclosed member, resignation | or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence co | oncerning this matter to: |
| Rekonda R Rawlins | |
| (Contact Person |) |
| (Firm/Company |) |
| 240 ADLER POINT | |
| (Address) | |
| OVIEDO, FL 32765 | |
| (City/State and Zip | Code) |
| For further information concerning | g this matter, please call: |
| Rekonda R Rawlins | 407 792-9268 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made | e payable to the Florida Department of State for: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| Mailing Address: Registration Section | Street Address: 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)

| | ty company as it appears on the records o | f the Florida Department |
|--|---|---|
| 2. The Florida document/registra | tion number assigned to this limited liabil | ity company is: |
| Rekonda R Rawline | r withdrew/resigned or will withdraw/resigned or will withdraw/resigning/, hereby withdraw/resigning/ | |
| of this limited liability company resignation in writing. Rugel R | equired) | has been notified of my 2020 JUN 22 PH 4: |