L20000145046

| (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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08/28/20--01021--008 **25.00

SECRETARY OF STATE

TQ 10/12/20

COVER LETTER

| TO: Registration Section Division of Corporations | · • |
|---|---|
| SUBJECT: SUMMETHING | LLC |
| (Name of Li | mited Liability Company) |
| The enclosed member, resignation or disso | ciation and fee(s) are submitted for filing. |
| Please return all correspondence concernin | g this matter to: |
| ROSALYN SUMMES | 1 |
| (Contact Person) | |
| SUMMETHING LUC (Firm/Company) | |
| (Firm/Company) | · · |
| 6911 N HIGHLAND AVE | |
| (Address) | |
| TAMPA FLORIDA 33 | 604 |
| (City/State and Zip Code) | |
| For further information concerning this ma | tter, please call: |
| ROSALYN SUMMEY | at (813) 336 9498 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable | to the Florida Department of State for: |
| X S25 Filing Fee | ☐ S55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section | 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)

| 1. The name of the | limited liability company | as it appears on the records of | the Florida De | partm | ent |
|--|--|----------------------------------|------------------------|----------|------|
| of State is: 5! | MMETHING LI | LC | | | |
| 2. The Florida docu | ument/registration number | assigned to this limited liabili | ty company is: | | |
| _ L2000 | 00145046 | | | | |
| 3. The date this me | mber/manager withdrew/re | esigned or will withdraw/resig | gn is: <u>0%∫0</u> | 1/2 | .020 |
| 4. 1. ELLEN (Print N | H FRINKS ame of Person Resigning) | , hereby withdraw/resig | gn as a | | |
| | Print Title) | | | | |
| of this limited lial resignation in wri | | the limited liability company l | has been notifie | ed of i | ny |
| Eller | Friks | | cn. | 20 | |
| Signature of Di | ssociating Member or Res | igning Manager | TALL | 2020 AUG | -17 |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | TARY OF ST AHASSEE. | 28 PM | |
| | | | ATE | 2: 46 | |