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COVER LETTER

TO: Registration Section **Division of Corporations** Lewis Rooting & Consulting, Lewis Rooting and Consulting SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alix Dannewitz (Contact Person) (Firm/Company) 105A Half Moon Circle (Address) Jupiter, FL 33458 (City/State and Zip Code) For further information concerning this matter, please call: Alix Dannewitz 245-9011 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enciosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



2021 AUG 23 PH 4: 04 SECRETARY OF STATE TALLAHASSEE, FL

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)

	f the limited liability compar	ny as it appears on the records of the Florida Department
2. The Florida	document/registration numb	er assigned to this limited liability company is:
Alix Danner	igito	/resigned or will withdraw/resign is: 1/1/21, hereby withdraw/resign as a
Manager/Me		
Signature o	writing. Live States f Dissockating Member or Ro	m the limited liability company has been notified of my
Certified Copy	\$25.00 (Required) \$30.00 (Optional)	