LZ0000 166606

(Requestor's Name)	_
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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O SIMMONS DEC 1 2 2020

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: SUTHERLAND & CAR (Name of Limited Liability Cor	
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Christopher R. Carriel (Contact Person)	2
HChdyman Co.n (Firm/Company)	
1210 Gleason PKWy	_
Cape Coral Fla 33914 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Musto her R. Carrolla 239 (Name of Contact Person) (Area Code	2770-1004 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



1911 - 11 8: 39

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)

	limited liability company as it appears on the records of the Florida Department THERLAND & CARROLL LLC
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10/30/2020
4.1, SARED G	me of Person Resigning), hereby withdraw/resign as a
MANA	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
	Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)