k20000 167088

(Requ	iestor's Name)	l	
(Addre	ess)		
(Addre	ess)		
(12 200	,		
(C:L.)	Chata (Tim (D) and	- 40	
(City/s	State/Zip/Phon	ie #)	
PICK-UP	☐ WAIT	N	/AIL
(Busir	ness Entity Na	me)	
(Docu	ment Number)	
Certified Copies	Certificate	s of Status	
	Ochmode	o or orareo,	
Special Instructions to Fil	ing Officer:		

Office Use Only



000369207910

07.701.2.--01003---14 *429.00



JUL 2 fi 2021 Kinsev

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ			
	(Name of Limit	ed Liability Co	mpany)
The en	nclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return all correspondence concerning the	his matter to:	
JAÇK	WHITTLE		
	(Contact Person)		_
	(Firm/Company)		_
6407 5	PARKLAND DRIVE, SUITE F		
	(Address)		_
SARA	SOTA, FL 34243		
	(City/State and Zip Code)		_
For fu	rther information concerning this matter	r, please call:	
KATHI	LEEN P DESTEFANO, CPA	215 at (870-3647
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		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

CR2E079 (2/14)







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 liabil of State is:	ity company as it appears on the records of the Florida Departments LLC
2. The Florida document/registra	ation number assigned to this limited liability company is:
3. The date this member/manage	r withdrew/resigned or will withdraw/resign is:
4. I, PAT R BOMBARD (Print Name of Person R	, hereby withdraw/resign as a designing)
AMGR (Print Title)	·
of this limited liability companies ignation in writing.	y and affirm the limited liability company has been notified of my
Signature of Dissociating Mo	ember or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: