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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Babcock Rand (Name of Limite	M Road, LLC ed Liability Company)
The enclosed member, resignation or dissocia-	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Joseph Madder (Contact Person)	
Madden Law Firm (Firm/Company)	MILLC
2277 Main Street	-
Fort Mylvs, FL 330 (City/State and Zip Code)	301
For further information concerning this matter	r. please call:
Joseph Madden (Name of Contact Person)	at (239) 337-2100 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 ICN ROAD, LL	the Florida Dep	artme	m t
	_	assigned to this limited liabili	ty company is:		
<u> </u>	nber/manager withdrew/re	esigned or will withdraw/resig	ın is: 7 25	20%	20
4. 1. <u>OSEV</u> (Print No.	me of Person Resigning)), hereby withdraw/resig	gn as a		
Authoria	TLO Person/A	P			
of this limited liab resignation in wri	- . .	the limited liability company l	has been notified	d of m	y
Signature of Die	ssociating Member or Resi	igning Manager	VECKE K	2020 AUS	6 (1 6 (1) 6 (1) 6 (1) 6 (1)
Filing Fee:	\$25.00 (Required)	o o o	ARY OF HASSEI	-5 AM	
Certified Copy:	\$30.00 (Optional)		STATE E.FL	AM 10: 19	ال