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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Pond (Name of L	ros (onsulting, LLC imited Liability Company)
The e	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernir	g this matter to:
	Matthew Pools (Contact Person)	
	Pond From Consulting,	uc
	5829 SW 84	× P1
-	Gaineville, FL 3260 (City/State and Zip Code)	7
For fu	orther information concerning this ma	atter, please call:
	(Name of Contact Person)	at (352) 317 - 456 (Area Code & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee	e to the Florida Department of State for:
	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





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 rog Consulting, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
1.20000202934	
	mber/manager withdrew/resigned or will withdraw/resign is:
4. I. Allen Clemons	, hereby withdraw/resign as a ame of Person Resigning)
	ame of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
α	Con
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)