L20000208281

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
10/50/3/4				

Office Use Only



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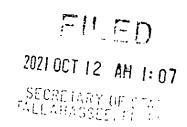
10/12/21--01044--021 **55.00



COVER LETTER

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:			
	(Name of	Limited Liability Co	ompany)
The enclose	d member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to	:
Kentryce Wad	de		
	(Contact Person)		_
Greeting Fron	the Yard		
	(Firm Company)		_
2443 Citrus O	verlook Street		
	(Address)	 -	_
APOPKA, FL	32712		
	(City/State and Zip Code)		_
For further i	nformation concerning this n	natter, please call	:
Kentryce Wad	le	321 at (662-4400
(Ň	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed ple ☐ \$25 Filin	case find a check made payab g Fee		Department of State for: g Fee & Certified Copy
	ng Address: stration Section		Street Address: Registration Section
Divis	sion of Corporations		Division of Corporations
P.O. Box 6327			The Centre of Tallahassee
Lalla	ihassee, FL 32314		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)

	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L20000208281	rument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is: April 1, 2021
4. I. Kentryce Wade		, hereby withdraw/resign as a
Manager	(Print Title)	
of this limited lia resignation in wa		limited liability company has been notified of my
Signature of D	issociating Member or Resignin	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	