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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Thrifty Peacocks, LLC (Name of Limited Liability Company)						
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:						
ELENA NELSON (Contact Person)	-					
Thrifty Peacocks, UC	-					
9217 NW 15th PL	-					
Gainesville, FL 32606 (City/State and Zip Code)	-					
For further information concerning this matter, please call:						
) <u>881 3057</u> & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida E \$25 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)



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)

1. The name of the	limited liability com	pany as it appear	s on the records of	f the Florida Depar	rtment
of State is:	hrifty Pe	acocks	,LLC		
2. The Florida docu	ment/registration nu	mber assigned to	this limited liabili	ity company is:	
Lacoc	0210638				
3. The date this men	mber/manager withd	rew/resigned or v	vill withdraw/resig	gn is: <u>June 1</u>	<u>,2</u> 02
4. I. (Print No.	ame of Person Resigning		eby withdraw/resi	gn as a	
	ed Perso	<u>N</u> .			
of this limited liab resignation in wri	oility company and a ting.	ffirm the limited	liability company	has been notified	of my
Vice	N9 DZ)		oderer /	2021
Signature of Di	ssociating Member of	or Resigning Man	ager	2	,
45141	0			7 P	, T
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional				*****