

120000232489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

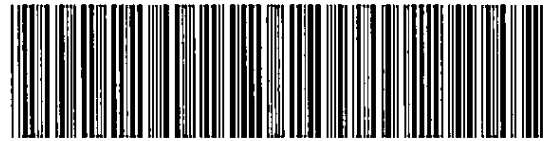
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900367430389

06/04/21--01011--010 **25.00

FILE
2021 JUN -14 PM 2:35
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kendrick LLC dba Peregrine Notary
(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:

Kendrick J. Jimenez
(Contact Person)

Kendrick LLC
(Firm/Company)

309 Cottonwood Dr
(Address)

Winter Springs / Florida 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Kendrick J. Jimenez at (321) 333-5647
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



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 company as it appears on the records of the Florida Department of State is: Hendrick LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000232489

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02 June 2021

4. I, Terron E Vandegrift, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Terron E Vandegrift
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) check # 1106
Certified Copy: \$30.00 (Optional)

2021 JUN -4 PM 2:35
FILED
DIVISION OF CORPORATIONS
FLORIDA