

120 0000248382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

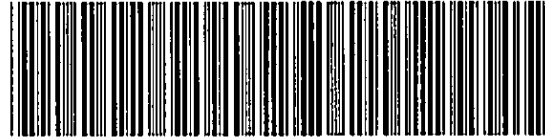
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/21 -- 01021 -- 009 -- \$25.00

2021 SEP -7 PM 5:56

SEP 7 2021

ALBRITTON

SEP 21 2021

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2021 SEP - 7 PM 5:56

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
SklarHyacinth, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
120000248382

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/26/2021
Barbara Sklar

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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