

L20 000 251 295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

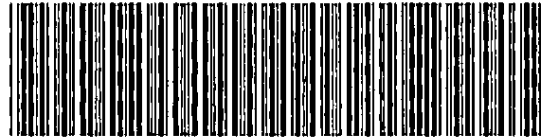
(Business Entity Name)

(Document Number)

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SOUTH CAROLINA
CLERK OF COURT

O SIMMONS

FEB 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Collective St Pete 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:

Danielle Miller
(Contact Person)

The Collective St Pete LLC
(Firm/Company)

1220 22nd Ave. N.
(Address)

St. Petersburg FL 33704
(City/State and Zip Code)

For further information concerning this matter, please call:

Danielle Miller at (727) 453-9069
(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

2020 DEC 18 AM 7:26

**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: The Collective ST Pete, LLC

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

L20000251295

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/7/2020

4. I, Rachel A. Miller, hereby withdraw/resign as a
(Print Name of Person Resigning)

owner

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)