



(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:		





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COVER LETTER

_	tion Section		
Division	of Corporations		
SUBJECT: CC	Spring Hill LLC		
	(Name of Limit	ed Liability Co	mpany)
The enclosed me	ember, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all	correspondence concerning the	his matter to	:
Christopher Smith			
	(Contact Person)	· · · ·	_
CC Spring Hill LLC			
	(Firm/Company)		-
3854 Dunn Ave			
	(Address)		_
Odessa FL 33556			
	(City/State and Zip Code)		_
For further inform	nation concerning this matter	, please call:	
Christopher Smith		301 at (310-3711
(Name	of Contact Person)	\ <u> </u>	& Daytime Telephone Number)
Enclosed please t	find a check made payable to		
■ \$25 Filing Fee	;	□ \$55 Filing	g Fee & Certified Copy
Division of P.O. Box	on Section of Corporations		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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc:	ument/registration number a	ssigned to this limited liability company is:
	mber/manager withdrew/res	igned or will withdraw/resign is: 8/12/2024
4. I, Sean Ryan		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
AMBR		
	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager 2021
Filing Fee:	\$25.00 (Required)	:2
Certified Copy:	\$30.00 (Optional)	
		