L20000268733

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Linky Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

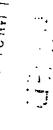
Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: GARDNER ROAD ESTATE LLC	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
SARAH N ADLER	
(Contact Person)	
(Firm/Company)	
POBOX 1651	
(Address)	-
OLDSMAR, FL 34677	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
SARAH N ADLER	727 667-0193
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
▼ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address.	Common Addisons
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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	s it appears on the records of the	Florida Department
2. The Florida doci	ument/registration number a	ssigned to this limited liability c	company is:
IASON ADTED		signed or will withdraw/resign is, hereby withdraw/resign a	
of this limited lia		ne limited liability company has	been notified of my
,	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	uning Manager	2021 JAN 21 PH 6: