L20000 321 STH

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
(Bu	ısıness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
· <u>-</u>	-	
		
Special Instructions to	Filing Officer.	





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04/08/24--01015--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	4	
743 Willowhead Slip SUBJECT:		
	of Limited Liability Company)	
The enclosed member, resignation or o	dissociation and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to:	
Joseph Charters		
(Contact Person)		
(Firm/Company)		
539 Bay Villas Lane		
(Address)		
Naples, FL 3108		
(City/State and Zip Code)	
For further information concerning this	s matter, please call:	
Joe Charters	240 4267979 at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone Numb	er)
Enclosed please find a check made pay	yable to the Florida Department of State for:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
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, St Tallahassee, FL 32303	uite 810

CR2E079 (2/14)



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 Departmen
2. The Florida docu	ment/registration number assigned to this limited liability company is:
M. Come Character	mber/manager withdrew/resigned or will withdraw/resign is:
AMBR	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)