120000337091

(Requestor's Name)			
(Address)			
(Address)			
(1881835)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(2000)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Registration Section Division of Corporations	•
Zen City Urban Compound, LLC SUBJECT:	
- (Name of Limi	ted Liability Company) -
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Kris Eigenbrode	
(Contact Person)	
Zen City Urban Compound, LLC	
(Firm/Company)	
PO Box 490	
(Address)	
Tarpon Springs, FL 34688	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Kris Eigenbrode	727 364-6229 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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)

	city Urban Compound, LLC		ords of the Florida Departmen
	cument/registration number		
3. The date this m	ember/manager withdrew/re	signed or will withdrav	2/26/2021 w/resign is:
. Sherri M Keena			
AR			
-	(Print Title)		
of this limited lia resignation in w	ability company and affirm the	he limited liability com	npany has been notified of my
			2021 H
Signature of D	issociating Member or Resig	ning Manager	2021 HAR 15 SLORGIARY TALLAHASSI
	\$25.00 (Required) \$30.00 (Optional)		AMID: 10 EE.FLORIE