L20000348884

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GRASS ROOTS TRAM Name of Limited I	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Ve ue QO WATKINS Name of Person	
GRASS ROSIS TEANSING	
16051 SE Hu 42 Address	·
Weipschal Fc 32195 City/State and Zip Code	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
DAULO JARS W at (35) Name of Person	2) 638 4826 Area Code & Daytime Telephone Number
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

Enclosed is a check for the following amount:



FILED

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SEGRETARY OF STATE TALL AHASSEE, FL

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)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	5RASS RooTS TARNSput LCC
	ument/registration number assigned to this limited liability company is:
L2001	DU 348884
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{9-26-202}{}$
4. I, <u>YEU (~//</u> (Print N	G, WATK) NS , hereby withdraw/resign as a jame of Person Resigning)
MAGER	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
cornica copy.	and our (Optional)