L20 000353843

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
Cit	ty/State/Zip/Phone	<u> </u>	
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(5.		,	
(Do	cument Number)		
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Citing Officer:		
Special instructions to	riling Officer.		
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APR 0 7 2021

R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vintage Chi x LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to: MER VINTAGE C (Contact Person) (Contact Person)	hix CL
Vin-lage Chix, CCC	
3850154hAVC (Address)	
Zephyrhills, FL 33542 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigcup \$55 Filing Fee & Certified Copy	

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

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)

1. The name of the lir	nited liability company as it appears on the records of the Florida Depart	ment	t
of State is:V	intago Chix, LLC	<u></u> .	
2. The Florida docum	ent/registration number assigned to this limited liability company is:		
1200	00353843		
3. The date this memb	ber/manager withdrew/resigned or will withdraw/resign is: <u>Vov · 3</u> 6	20	ろり
	he of Person Resigning). hereby withdraw/resign as a		
<u>M 6 1</u>	int Title)		
of this limited liabil resignation in writin	ity company and affirm the limited liability company has been notified ong.	f my	
Signature of Disse	H. Musgrave) ociating Member or Resigning Manager	2021 FEB_	OHVISION OF
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-ST#12-101	THE CHIEF