

| (Re | equestor's Name) | | |
|---|------------------|-------------|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



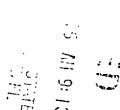
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ĆOVĖR LETTER

| TO: Re | egistration Section | |
|------------------|--------------------------------------|--|
| D | ivision of Corporations | |
| SUBJEC | SANCTUARY HOLDINGS OF | FLORIDA, LLC |
| | (Name of | Limited Liability Company) |
| The enclo | osed member, resignation or dis- | sociation and fee(s) are submitted for filing. |
| Please ret | turn all correspondence concern | ing this matter to: |
| STACY SM | MALL | |
| | (Contact Person) | |
| SMIT H TH | HOMPSON SHAW | |
| | (Firm/Company) | |
| 3520 THO | MASVILLE ROAD - 4TH FLOOR | |
| | (Address) | |
| TALLAHA | ASSEE, FL 32309 | |
| | (City/State and Zip Code) | |
| For further | er information concerning this r | natter, please call: |
| STACY S | MALL | 850 893-4105 at () |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed | please find a check made payal | ole to the Florida Department of State for: |
| ■ \$25 Fi | iling Fee | ☐ \$55 Filing Fee & Certified Copy |
| _ | ailing Address: | Street Address: |
| | egistration Section | Registration Section |
| | ivision of Corporations | Division of Corporations The Centre of Tallahassee |
| | O. Box 6327. allahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| 1 : | anana5500, FL 32314 | 2415 N. Montoe Street, Suite 610 |

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 it appears | s on the records of the Florida Department |
|---------------------------------------|--|--|
| 12000 | nment/registration number assigned to | |
| 3. The date this me | mber/manager withdrew/resigned or w | vill withdraw/resign is: $(-)/-2$ |
| 4. I, BENNY CHAS | i AIN , here , here , here , here , here | eby withdraw/resign as a |
| (Print N | ame of Person Resigning) | <u>-</u> |
| NAN | 46EK | |
| | Print Title) | |
| of this limited lial resignation in w | oility company and affirm the limited l | liability company has been notified of my |
| | | |
| | | ^-1 |
| Signature of Di | ssociating Member or Resigning Mana | ager |
| Filing Fee: | \$25.00 (Required) | · · · · · · · · · · · · · · · · · · · |
| Certified Copy: | \$30.00 (Optional) | |
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