120000391002

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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2021 APR -2 AHTI: 1,3

MAY 23 2021

COVER LETTER

SUBJECT:	61 to to 41 to 100 c C		
(Name C	of Limited Liability Cor	npany)	
The enclosed member, resignation or di	issociation and fee(s	s) are submitted t	for filing.
Please return all correspondence concer	rning this matter to:		
Ashley Hawk			
(Contact Person)	-	_	
(Firm/Company)		_	
P.O. Box 551341			
(Address)		_	
Jacksonville, FL 32255			
(City/State and Zip Code)		_	
For further information concerning this	matter, please call:		
Ashley Hawk	904 at (773-4099	, ,
(Name of Contact Person)		& Daytime Telep	hone Number) =
Enclosed please find a check made paya	able to the Florida I	Department of Sta	phone Number)
■ \$25 Filing Fee		z Fee & Certified	

Mailing Address:

TO: Registration Section

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



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)

	the limited liability company as	s it appears on the records of the F	lorida Department
	_	ssigned to this limited liability cor	mpany is:
L20000391002			
3. The date this	member/manager withdrew/res	signed or will withdraw/resign is:	3/01/21
4. I, Charles Stova	all Weems, IV	, hereby withdraw/resign as	a
Manager	a isame of Person Resigning)		
	(Print Title)		
of this limited resignation in	liability company and affirm th writing.	ne limited liability company has be	een notified of m21 APR -2
Signature of	Dissociating Member or Resig	ning Manager	73- 151
Filing Fee:	\$25.00 (Required)		$=$ $\tilde{\omega}$

Certified Copy:

\$30.00 (Optional)