## L20000391073

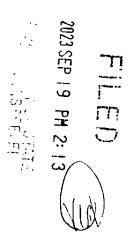
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

Registration Section

TO:

Division of Corporations PLHR,LLC SUBJECT: (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: Thomas Peter (Contact Person) PLHR, LLC (Firm/Company) 411 Walnut St. #17495 (Address) Green Cove Springs, FL 32043 (City/State and Zip Code) For further information concerning this matter, please call: Thomas Peter 203 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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)

DI L	e limited liability company as		of the Florida Department	1
2. The Florida doc L20000391073	cument/registration number a	ssigned to this limited liabi	ility company is:	
3. The date this m	ember/manager withdrew/res	signed or will withdraw/res	ign is:	
Connie Peter 4. I.		hereby withdraw/res	sion as a	
	Name of Person Resigning)	thereby withdrawire.	sign as a	
member and mar	nager			
	(Print Title)			
of this limited lia resignation in w	ability company and affirm th	ne limited liability company	y has been notified of my	
	Connertus"		20	
Signature of D	issociating Member or Resig	gning Manager	23 S	٦
			1   1   L	!
Filing Fee:	\$25.00 (Required)		ا م	•••
Certified Copy:	\$30.00 (Optional)		PH 2:	)