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(Reques	stor's Name)			
(Addres	s)			
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(City/Sta	ate/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·		
PICK-UP	WAIT	MAIL		
(Busine	ss Entity Name)			
(Docum	ent Number)			
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Special Instructions to Filing Officer:				

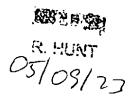
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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Florida Rowing Center of V	
(Nar	me of Limited Liability Company)
The enclosed member, resignation of	or dissociation and fee(s) are submitted for filing.
Please return all correspondence con	ncerning this matter to:
Howard Kirkpatrick, Esq.	
(Contact Person)	
(Firm/Company)	
105 Princewood Lane	
(Address)	
Palm Beach Gardens, FL 33410	-
(City/State and Zip Co	oxle)
For further information concerning t	this matter, please call:
Howard Kirkpatrick	508 431-7438 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made p \$\Pi\$ \$25 Filing Fee	payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8 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	limited liability company	as it appears on th	e records of	Tthe Florida E	Depart	ment
of State is:	Torida Rouin	g (exten	of a	vellugta	1 4	<u>u</u> c
2. The Florida docu	ument/registration number	assigned to this li	mited liabili	ity company i	s:	
	0039/972	·			,	
3. The date this me	mber/manager withdrew/i	resigned or will wi	thdraw/resig	gn is: <u>3/ (</u>	<u>9/:</u>	<u>23</u>
4.1. EDWALD	G. HAMILTON Tame of Person Resigning)	, hereby wi	ithdraw/resi	gn as a		
	Print Title)					
of this limited liab resignation in wri	bility company and affirm iting.	the limited liabilit	y company	has been noti	fied of	f m ₂
Signature of Di	Andon Homes ssociating Member or Re-	Signing Manager				
	·			<u>-</u> · ,	2023	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				6- ATT C	• • •
					P:1 -	