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(Re	questor's Name)			
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COVER LETTER

Division of Corporations	
EKERYD OF VERO LLC SUBJECT:	
SUBJECT: (Name of Limited I	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
BIRAN HERNDON	
(Contact Person)	
BIRAN CHERNDON PA	
(Firm/Company)	
916 20TH PLACE	
(Address)	.
VERO BEACH, FL 32960	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
BIRAN HERNDON at (772 324-1206
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
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)

	e limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L21000001073	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
DITIODA ICLATI	157	
(Print N	iame of Person Resigning)	, hereby withdraw/resign as a
AUTHORIZED I		
· · · · · · · · · · · · · · · · · · ·	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Eliode.	H. Feluety	2021 OU
Signature of D	issociating Member or Resig	ming Manager
Filing Fee:	\$25.00 (Required)	OF E M
Certified Copy:	\$30.00 (Optional)	7:20 7:20