# 12100005509

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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### **COVER LETTER**

Division of Corporations
SUBJECT: Springs INK (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:
Tome Springs (Contet Person)
Spring SINK (Firm/Company)
764 sw perker ave (Address)
Brt St. Livie FL 34953 (City/State and Zip Code)
For further information concerning this matter, please call:
Torric Springs at (772) 812 4976 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\sum \text{S25 Filing Fee & Certified Copy}\$

TO:

Registration Section

Mailing Address:
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)

1. The name of the	limited liability company as it appears on	the records of the Florida Department	
of State is:	Springs in K		
2. The Florida docu	iment/registration number assigned to this	s limited liability company is:	
L210000	05509		
	t mber/manager withdrew/resigned or will v	withdraw/resign is: 3-15-23	
	Springs, hereby		
AMBR	Print Title)		
	oility company and affirm the limited liabi	ility company has been notified of my	
	alle	023 MAR 2 SECT 5 554	T =
Signature of Dis	ssociating Member or Resigning Manager		7
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)	STATE STATE 8:54	