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SECRETARY OF STATE
TALLAHASSEE, FL

2022 APR 11 AM 7: 42

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COVER LETTER

TO: **Registration Section Division of Corporations** Suncoast Services of Florida 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: Mark Foster (Contact Person) Suncoast Services of Florida LLC (Firm/Company) 336 Center rd (Address) Venice, FL 34285 (City/State and Zip Code) For further information concerning this matter, please call: Mark Foster (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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SECRETARY OF STATE TALLAHASSEE, FL

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)

		it appears on the records of the Florida Department
of State is:	oast Services of Florida	
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
86-1439114		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 4/8/21
mer e ne .		
(Print 8	Same of Person Resigning)	, hereby withdraw/resign as a
manager		
	(Print Title)	
of this limited lia resignation in wi		e limited liability company has been notified of my
Parin E.	Faster	
Signature of D	issociating Member or Resig	ning Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	