## 121000020731

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500359844475

02/22/21--01037--004

\*\*25.00

APR 0 7 2021 R. HUNT

2021 FEB 22 PM 12: 07

## **COVER LETTER**

Division of Corporations	
SUBJECT: Arzareth, LLC (Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Michael Bailey (Contagt Person)	
Arzareth, LLC (Firm/Company)	<del></del>
3592 Spring Creek Rd	<del></del>
Dundee, Florida 33838 (City/State and Zip Code)	<del></del>
For further information concerning this matter, ple	ease call:
Michael Bailey at (Name of Contact Pyrson) (A	863 ) 866 2913 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the  \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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

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)

L. The name of the	limited liability company	as it appe	ars on the reco	ords of the Flo	orida Departi	 ment
of State is:A	rzareth, L	LC			<del> </del>	<u> </u> .
	ment/registration number	r assigned	to this limited	liability com	pany is:	
3. The date this mer	mber/manager withdrew/	resigned o	r will withdray	v/resign is: _	2/15/2	 <u>02</u> .
4.1. Valene		h	ereby withdra	w/resign as a		
MGR	Print Title)	<b>-</b> ·				
of this limited liab resignation in writ	ility company and affirm ting.	the limite	d liability com	ipany has bee	n notified of	ļ ļmy
. )) (e	Dailey					
Signature of Dis	sociating Member or Re	signing Ma	anager			
Filing Fee: Certified Copy:	•				1 22 B4118	
					2 PH	