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COVER LETTER

Division of Corporations	
SUBJECT: THE COPING CORNER, LLC (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:	
Julia L. Young (Contact Person)	
The Coping Corner, LLC (Firm/Company)	
4963 Hoperita St.	
Orlando, FL 32812 (City/State and Zip Code) For further information concerning this matter, please call:	-, =
For further information concerning this matter, please call:	
(Name of Contact Person) at (937) 602-0839 (See Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsir \text{\$\Sigma}\$\$ \$\Sigma \tex	

Mailing Address:

TO: Registration Section

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 i	t appears on the records of the	: Florida Department	
of State is:	THE COPING CORN	NER, LLC	·	
2. The Florida doc	ument/registration number ass	signed to this limited liability of	company is:	
L210000	039055	·		
3. The date this mo	ember/manager withdrew/resig	gned or will withdraw/resign is	s: <u>3/14/202</u> /	
4.1. Bret	YOUNG	, hereby withdraw/resign a	as a	
Approvi	Prim Title)			
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	limited liability company has	been notified of my	
BA	\		2021 BAR 18	-9-1-
Signature of D	issociating Member or Resign	ing Manager	AR 18	
•	\$25.00 (Required) \$30.00 (Optional)		AH 7: 1	
			(TT) (1) - 4-TT	