h21000050576

| (Re | equestor's Name) | . |
|-------------------------|--------------------|--------------|
| (Ad | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | usiness Entity Nar | пе) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: The Spot Stays LL (Name of Limited Liability Compa | <u>C</u> . |
| The enclosed member, resignation or dissociation and fee(s) a | re submitted for filing. |
| Please return all correspondence concerning this matter to: | |
| Jessica Margues (Contact Person) | |
| The Spot Stays LLC (Firm/Company) | |
| 463 NW Ravenswood Ln. | |
| Port St. Lucie, FC 34983 (City/State and Zlp Code) | |
| For further information concerning this matter, please call: | |
| Ulssica Margues at (772) (Name of Contact Person) (Area Code & | 607 - 4229 Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Dep \$25 Filing Fee \$55 Filing Fe | partment of State for: ee & Certified Copy |
| Registration Section ReDivision of Corporations D | rect Address: egistration Section ivision of Corporations he Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 | e Florida Department |
|---|--|----------------------------------|---|
| of State is: | he Spot Stays | LLC | · · · · · · · · · · · · · · · · · · · |
| 2. The Florida docu | ıment/registration number assi | gned to this limited liability o | company is: |
| L21000 | 050576 | _ . | |
| 3. The date this me | mber/manager withdrew/resign | ned or will withdraw/resign is | s: 4-29-202 |
| 4. I. G'Nees | ha Johnson Jame of Person Resigning) | , hereby withdraw/resign a | as a |
| Managi | | | |
| of this limited lial resignation in wri | 1 | imited liability company has | 2021 |
| Signature of Di | ssociating Member or Resignir | ng Manager | - β. ω |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | AH IZ: 5 |
| Common Conv. | 330.00 (Optional) | | ~ · · · · · · · · · · · · · · · · · · · |