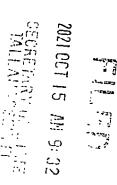
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(Red	questor's Name)	
(Ado	lress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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09/22/21--01012--002 \*\*25.00



## **COVER LETTER**

Division of Corporations		
2682 Caroline Drive, LLC SUBJECT:		
	imited Liability Con	npany)
The enclosed member, resignation or disso	ociation and fee(s	) are submitted for filing.
Please return all correspondence concerning	ng this matter to:	
Gael Beriro, Esq.		
(Contact Person)		-
Gael Beriro, P.A.		
(Firm/Company)	•	-
1340 N. US Highway 1, Suite 102		
(Address)		-
Jupiter, FL 33469		
(City/State and Zip Code)	<del> </del>	-
For further information concerning this ma	atter, please call:	
Gael Beriro	561 at (	835-4611
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Pepartment of State for: 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



## 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)

	: limited liability company : Caroline Drive, LLC	• •	s of the Florida Department
2. The Florida doc L21000103464	ument/registration number	assigned to this limited lial	bility company is:
4. 1, Robert D. Miller (Print No. 1) Member and as a	Name of Person Resigning)	<del>-</del>	<del>-</del>
of this limited lia resignation in wi	bility company and affirm aiting.	the limited liability compar	
Filing Fee:	s25.00 (Required) \$30.00 (Optional)	gning Manager	FILE ED