121000123952

| (Red | questor's Name) | | |
|---------------------------|-----------------------|--------------|--|
| | | | |
| (Add | dress) | | |
| | | | |
| (Add | dress) | <u>-</u> | |
| | | | |
| (Cib | //State/Zip/Phone #) | | |
| (Oit) | yrotaterzipir none #) | | |
| PICK-UP | WAIT | MAIL | |
| | | | |
| (Bus | siness Entity Name) | | |
| | | | |
| | cument Number) | | |
| (50) | our marrial, | | |
| | | _ | |
| Certified Copies | _ Certificates of | Status | |
| | | | |
| Special Instructions to I | Filing Officer: | | |
| | | | |
| | | ľ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



100378302381

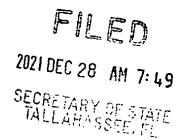
2021 DEC 28 AM 7: 1,9
SEGRETARY OF STATE

O Charmons Jan 1 0 2022

COVER LETTER

| TO: | | | | |
|---------|--------------------------|---|----------------------|---|
| | Division of Corporations | | | |
| SUBJI | ECT: | Barnyard Realty LLC | | |
| | | (Name of L | imited Liability Co. | mpany) |
| The en | closed | l member, resignation or disso | ociation and fee(| s) are submitted for filing. |
| Please | return | all correspondence concerning | ig this matter to: | |
| Michae | HO'Cc | onnor | | |
| | | (Contact Person) | | _ |
| Barnyai | rd LLC | | | |
| | | (Firm/Company) | | _ |
| 9405 O | sprey Is | les Blvd | | |
| | | (Address) | | _ |
| Palm Be | each Ga | irdens. FL 33412 | | |
| | | (City/State and Zip Code) | | _ |
| For fur | ther ir | nformation concerning this ma | tter, please call: | |
| Michael | I J OʻCo | nnor | 404 at (| 2599798 |
| | (Na | ame of Contact Person) | (Area Code | 2599798 _) : & Daytime Telephone Number) |
| Enclos | | ase find a check made payable Fee | | Department of State for: g Fee & Certified Copy |
| | Regis | g Address: tration Section | | Street Address: Registration Section |
| | P.O. I | ion of Corporations Box 6327 nassee, FL 32314 | | 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 as it | appears on the records of the Florida Department |
|--|--|--|
| | | gned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resign | ned or will withdraw/resign is: |
| 4. I. Michael A O'Connor (Print Name of Person Resigning) | | |
| Member | , e e | |
| | (Print Title) | |
| of this limited lia resignation in wr | | imited liability company has been notified of my |
| Signature of Di | issociating Member or Resignia | ng Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |