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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: UNLimited Reasons LL-C (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:	
Derek Boyce (Contact Person)	
Unlimited Reasons L.LC (Firm/Company)	
10546 GLIDING EAGLE WAY	
LAND LAKES FL 34638 (City/State and Zip Code)	į
For further information concerning this matter, please call:	1
Derek Byce at 757 849-4603 (Name of Contact Person) (Area Code & Daytime Telephone Number)	المنابعة المنابعة المنابعة
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\cup \sum 25}\$ \text{Filing Fee & Certified Copy}\$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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 of State is:	limited liability compa	ny as it ap	pears on the r	ecords of the	Florida Dep	artme	nt
	ment/registration numl	oer assign	ed to this limit	ted liability co	ompany is:		
3. The date this men	mber/manager withdres	w/resigned	or will withd	raw/resign is:	10/22	/21	
	BOYCE ame of Person Resigning)						
Authorized	Representativ	e.					
of this limited liab resignation in wri	pility company and affiniting.	rm the lim	ited liability c	ompany has b	ocen notified	d of my	у
DomiNic	c. Buyce					2021 OST	4 to 10 to 1
	ssociating Member or F		Manager	_		18 V.	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					:: 	المد .