## 121000176650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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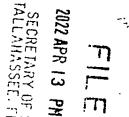
2022 APR 13 PH 12: 46

## **COVER LETTER.**

	gistration Section vision of Corporations		
SUBJECT	Dupuy Holdings Florida, LLC		
oobjec.		Limited Liability Co	mpany)
The enclos	ed member, resignation or diss	sociation and fee(s	s) are submitted for filing.
Please retu	rn all correspondence concern	ing this matter to:	
Paige Dupuy	′		
	(Contact Person)		_
Dupuy Hold	ings Florida, LLC		
	(Firm/Company)		_
911 14th Las	nc PO Box 651524		
	(Address)	<del></del>	_
Vero Beach,	FL 32960		
<del></del>	(City/State and Zip Code)		_
For further	r information concerning this n	natter, please call:	
Paige Dupuy	y	772 at (	321-0208
	(Name of Contact Person)	<del></del>	& Daytime Telephone Number)
Enclosed p	please find a check made payat	ole to the Florida I	Department of State for:
<b>≡</b> \$25 Fili	ing Fee	☐ \$55 Filin	g Fee & Certified Copy
	iling Address:		Street Address:
	gistration Section		Registration Section
	vision of Co <del>rp</del> orations  D. Box 6327		Division of Corporations The Centre of Tallahassee
	J. Box 6327 llahassee, FL 32314		2415 N. Monroe Street, Suite 810
1 41	Hanassee, 1 L 52514		Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM THE 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
of State is:	y Holdings Florida, LLC
2. The Florida docu L21000176650	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Tory A Shaw	, hereby withdraw/resign as a large of Person Resigning)
Manager	
<del></del>	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Joref (	Sha
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)