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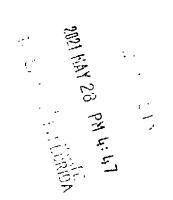
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#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Light Time Right Place Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Michael Deuton Name of Person

Right Time Right Place Limited Liability Company

19140 Cleveland Road

Jacksonville, Flyida 32209 City/State and Zip Code

teutonnif a amail. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Deviton

at (प्रा

345.3493

Name of Person

Area Code & Daytime Telephone Number

#### 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

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy



### 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 Florida Departn	nent
of State is: 21	gus Time Right Place Li	niced Liability Comp	nni
2. The Florida doc	ument/registration number assigned to	this limited liability company is:	Ţ
L21000	107877		
3. The date this me	ember/manager withdrew/resigned or w	vill withdraw/resign is: 5124120	<u>ڪ</u>
4. I, YVLONIQ	a Deuton, here	eby withdraw/resign as a	
	MUNGER		
	(Print Title)	2021	
of this limited lia resignation in wr	bility company and affirm the limited liting.	tiability company has been notified of	my.
111mca	Deutm	8 PH	
Signature of D	issociating Member or Resigning Mana	ager H. L.	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Ontional)		