## L21000206983

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Add	iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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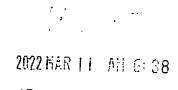


O SIMMONS

## **COVER LETTER**

то:		stration Section sion of Corporations			
	DIVIS	non of Corporations			
SUBJ	ECT:	Stoddart Rental, LLC			
		(Name of Limi	ited	Liability Cor	пралу)
The e	nclosed	d member, resignation or dissoci	atio	n and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning	this	matter to:	
Bryan	Stoddari	t			
-		(Contact Person)			<del></del>
Stodda	ırı Renta	l, LLC			
		(Firm/Company)			_
933 A1	lbion St.	NW			
		(Address)			-
Palm E	Bay, Fl.	32907			
		(City/State and Zip Code)			_
For fu	irther ii	nformation concerning this matte	er, p	olease call:	
Bryan	Stoddar		at	321 (	604-6731
	(N	lame of Contact Person)			& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable to	o th	e Florida D	Department of State for:
	5 Filin				Fee & Certified Copy
	Maitii	ng Address:			Street Address:
	Regi	stration Section			Registration Section
		sion of Corporations			Division of Corporations
		Box 6327 hassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	1 समस	9HG55CC, I'L. 32314			Tallahassee, FL 32303





## FLORIDA DEPARTMENT OF STATE TALL.

## 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 art Rental, LLC
2. The Florida doci L21000206983	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
4. l, Lauren Stoddart	, hereby withdraw/resign as a lame of Person Resigning)
(Print N	lame of Person Resigning)
Authorized Memb	per
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	Stoddart issociating Member or Resigning Manager
Signature of D.	especiating internoct of Kesigning manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)