L31000211500

(Requestor's Name)
(Address)
(Address)
(Madiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

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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 a	is it appears on the records of the Florida Department
of State is:	Mythic Grotto	·
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L21000211500		9 5
Dawn Oldroyd		signed or will withdraw/resign is:
4. 1,(Print N	lame of Person Resigning)	, norooy withatawitootga ao a
MGRM		
~ 	(Print Title)	် <u>ခို</u> အ
resignation in wr		he limited liability company has been notified of my gning Manager
	\$25.00 (Required) \$30.00 (Optional)	

COVER LETTER

Division of Corpor			
The Mythic Gr	otto		
	(Name of	Limited Liability Co	ompany)
The enclosed member, res	ignation or dis	sociation and fee((s) are submitted for filing.
Please return all correspor	idence concern	ing this matter to	:
Dawn Oldroyd			
(Con	ntact Person)		
(Fire	n/Company)	·	<u></u>
1940 Wild Coffee Ave Apt #31	12		<u></u>
(A	(ddress)		
Apopka, Fl 32703			
(City/Sta	ate and Zip Code)		_
For further information co	oncerning this r	natter, please call	:
Dawn Oldroyd		321 at (317-1699
(Name of Contac	t Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a che	eck made payal		
■ \$25 Filing Fee		□ \$55 Filir	ng Fee & Certified Copy
Mailing Address:			Street Address:
Registration Section Division of Corporation			Registration Section Division of Corporations
P.O. Box 6327	·		The Centre of Tallahassee
Tallahassee, FL 32	!314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303