121000253779

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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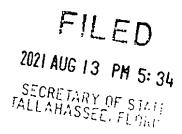
08/26/2021

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUR	FLORIDIAN ENTERPRISE	S LIMITED, L	LC		
000		(Name of Limited Liability Company)			
The e	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	g this matter to:			
Nath	anael J Dreger				
	(Contact Person)		_		
FLOI	RIDIAN ENTERPRISES LIMITED,	LLC			
	(Firm/Company)				
162 (Cassia Blvd				
	(Address)				
Sate	llite Beach, Florida 32937				
	(City/State and Zip Code)		_		
For fu	urther information concerning this mat	ter, please call	:		
Nath	anael Dreger	321 at (446-4314		
	(Name of Contact Person)	_ `	e & Daytime Telephone Number)		
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	stration Section		Registration Section		
	ion of Corporations		Division of Corporations P.O. Box 6327		
	on Building Executive Center Circle		Tallahassee, Florida 32314		
	hassee, Florida 32301		ranunusse, rionau 52514		

CR2E079 (2/14)





DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0210, Piorida Statutes)

FLO	e limited liability company a DRIDIAN ENTERPRISES	s it appears on the records of the Florida Department LIMITED, LLC
2. The Florida do L210002537	C	assigned to this limited liability company is:
Heather Ro	chelle Grove	signed or will withdraw/resign is: August, 7 2024, hereby withdraw/resign as a
Authorized N	Member (AMBR)	
	(Print Title)	
of this limited li resignation in w		he limited liability company has been notified of my
St	Ton Con	
Signature of I	Dissociating Member or Resignation	gning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)	