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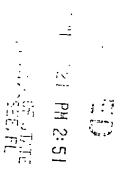
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	JECT: Shallow Reed 12, LL	ted Liability Company)
		ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:
BRE	ndan OR LAUREN Kight (Contact Person)	
	(Firm/Company)	
108	Mimosa Ave (Address)	
	t St Joe, FL 32456 (City/State and Zip Code)	
For fu	rther information concerning this matte	r, please call:
Laur	(Name of Contact Person)	at (803) 983-9378 (Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to Filing Fee	
	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



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 (1 11 11 12 1 12
1. The name of the	limited liability company as it appears o	n the records of the Florida Department
of State is: SNO	1110W Reed 12, LLC	
2. The Florida docu	ment/registration number assigned to th	is limited liability company is:
L2100025	9993	
3. The date this me	mber/manager withdrew/resigned or wil	l withdraw/resign is: 06/17/2021
4. I. Lauren	W. Kight, hereb	y withdraw/resign as a
(Print N	ame of Person Resigning)	2
Managing	MLM DL R (Print Title)	
of this limited lial resignation in wr	bility company and affirm the limited lia	ibility company has been northed of my
Rawien (12:51
	ssociating Member or Resigning Manag	eer
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	