## h21000286110

(Requestor's Name)						
(Address)						
(Notices)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Operating additions to 1 ming officer.						

Office Use Only



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# 2: 5H OC 30 PM 2: 54

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## **COVER LETTER**

TO:	Registration Section					
	Division of Corporations					
SUBJ	CROW FORESTRY AND WILDLIFE MANAGEMENT					
	(Name of	Limited	Liability C	ompany)		
The e	nclosed member, resignation or diss	ociatio	n and fee	e(s) are submitted for filing.		
Please	e return all correspondence concerni	ing this	matter to	<b>5</b> :		
MARK	CROW					
	(Contact Person)					
CROW	FORESTRY AND WILDLIFE MANAG	EMENT				
	(Firm/Company)			<u> </u>		
1664.5	NW LOWER SPRINGS ROAD					
	(Address)					
LAKE	CITY, FL 32055					
	(City/State and Zip Code)		-	_		
For fu	orther information concerning this n	natter, p	olease cal	1:		
MARK	CCROW	at	386 (	365-4065		
	(Name of Contact Person)			de & Daytime Telephone Number)		
Enclo	sed please find a check made payab	le to th	e Florida	Department of State for:		
<b>=</b> \$2	5 Fiting Fee		i \$55 Fili	ng Fee & Certified Copy		
	Mailing Address:			Street Address:		
Registration Section				Registration Section		
	Division of Corporations			Division of Corporations		
	P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, FL 32314			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)

	limited liability company as W FORESTRY AND WILDLIFE	• •	ds of the Florida Department
2. The Florida doc £21000286110	ument/registration number a:	ssigned to this limited li	ability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/	8/24/21 resign is:
4. I, JANORA CROV	/resign as a		
AR			
	(Print Title)		
of this limited lia resignation in wi	bility company and affirm th	ne limited liability comp	N3
Janon	a.R.Cr	Cro	AUG 30
Signature of D	issociating Member or Resig	ning Manager	PM 2:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		 21 .:.