LZ1000287939

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Chity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
2				
Q. SILAS				
AFN 12 2022				

Office Use Only



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2022 MAR 22 PM 3: 15
SECRETARY OF STATE
TALLAHASSEE, FATE

COVER LETTER . .

TO: Registration Section Division of Corporations				
SUBJECT:	ing LLC			
The enclosed member, resignation or dissociation and fee(s) are	submitted for filing.			
Please return all correspondence concerning this matter to:				
CHMISTIAN CRONENSOLD MOGNA (Contact Person)	-			
Cronensold Homes C/EANING (Firm/Company)	uc			
3796 Milmo Lakes ·Cin # 401	9			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (239) (Area Code & D	763 · 7756 aytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department \$\square\$ \$\squa	rtment of State for: e & Certified Copy			
Registration Section Reg Division of Corporations Div P.O. Box 6327 Tallahassee, FL 32314	et Address: gistration Section vision of Corporations c Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303			



FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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 compan			
of State is:	ronu Bold	HOMES	Clemina	LLC
2. The Florida doc	ument/registration numb	er assigned to	this limited liability co	mpany is:
	287 939			, /
3. The date this me	ember/manager withdrew	v/resigned or v	vill withdraw/resign is:	12/31/2021
4. I, (Print N	Name of Person Resigning)	, her	eby withdraw/resign as	a 3/14/ 2022
MMGN	(Print Title)	<u>_</u> .		
	ibility company and affir	m the limited	liability company has b	oeen notified of my
Ms				
Signature of D	issociating Member or F	Resigning Mar	nager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
certified copy.	Jood (Optional)			