K21000317831

(Re	equestor's Name)	
(Ad	idress)	. <u>-</u>
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600369528556

U7/27/21--01U34--UU2 ★★55.00

SECRETARY OF TALLAHASSEE, F

COVER LETTER ...

TO: Registration Section Division of Corporations

SUBJECT: The Ivery Event Pla (Name of Limited Liability Comp	ace LLC
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Eyovne 1. Wishart (Contact Person)	
The Ivory Event Place LLC (Firm/Company)	
2-01 NW 60 LAVE (Address)	
Margale, FL 33063 (dity/State and Zip Code)	
For further information concerning this matter, please call:	
Eyovne Wishart at (954) (Name of Contact Person) (Area Code &	638-3379 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Do □ \$25 Filing Fee	epartment of State for: Fee & Certified Copy
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

CR2E079 (2/14)



FILED 2021 JUL 27 PH 12: 34

SECRETARY OF STAIR TALLAHASSEE, FLORE.

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)

	mited liability company as it appears on the records of the Florida Department
of State is:	ne Ivory Event Place LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L21000	317831
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: 07/22/2021
4. I, Richa (Print Na)	rd Ulishart, hereby withdraw/resign as a me of Person Resigning)
Monager	(Contact Person)
of this limited liabi resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Richard	M Wishint
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)