# 121000460431

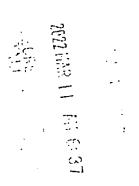
(Red	questor's Name)	)
(Add	dress)	
(Add	dress)	<del></del>
(City	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		
	_	,





100382664651

To 12/22--01/19--01 - \*\*25/68

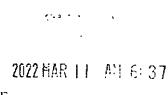


O SIMMONS MAR 24 2022

## **COVER LETTER**

TO: Reg	gistration Section		
Div	vision of Corporations		
SUBJECT	The 30A Fence Company, LLC		
.,000.		Limited Liability Con	mpany)
The enclos	ed member, resignation or dis-	sociation and fee(	s) are submitted for filing.
Please retu	rn all correspondence concern	ing this matter to:	
Sasha Eastbu	ırn		
	(Contact Person)		<del>-</del>
Eastburn Lav	w Firm. PA		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_
5365 E Cour	nty Hwy 30A, Ste 105		
	(Address)		_
Santa Rosa E	Beach, FL 32459		
	(City/State and Zip Code)		_
For further	information concerning this r	natter, please call:	
Sasha Eastbu	urn	850 at (	260-3332
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed p	olease find a check made payal	ole to the Florida I	Department of State for:
<b>∠</b> \$25 Fili	• •		g Fee & Certified Copy
Mai	iling Address:		Street Address:
	gistration Section		Registration Section
•	vision of Corporations		Division of Corporations
• • •	D. Box 6327		The Centre of Tallahassee
Tal	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





## FLORIDA DEPARTMENT OF STATE JECRE. JAME DIVISION OF CORPORATIONS TALL TO SEE THE

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department OA Fence Company, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{3/9/202}{2}$
Jason Troutt 4. I.	, hereby withdraw/resign as a
(Print )	, hereby withdraw/resign as a lame of Person Resigning)
Manager and Me	mber
	(Print Title)
of this limited lia resignation in wi	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)