## 121000493842

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section	•
Division of Corporations	
SUBJECT: The Unity F	Rise LLC
(Name of Limited Liabi	ility Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to:
Luther Fiefie	
(Contact Person)	
The Unity Rise LLC	<u>-</u>
12197 Colony Preserve D	DR
Boynton Beach FL 33436	
For further information concerning this matter, pleas	se call:
Lyther Teffe at (7 (Name of Contact Person) (Are	154 ) 262 - 6128 ra Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee \$55	orida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: THE UNITY RISE LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000493842
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03 11/202.  4. I. Quincy Fie Ge hereby withdraw/resign as a (Print Name of Person Resigning)
MGR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Quies Fredie
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)