121000502433

(Requestor's Name)	
(Address)	300378798783
(Address) :(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/11/2201003008 **55.00
(Document Number)	
Certified Copies Certificates of Status	2022 HAR -2
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C. BRUMBLEY
MAR 1 / 2022

COVER LETTER

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TO: Registration Section 2022 MAR -2 AM 7:57 Division of Corporations SECREMAN DESTATE TALLAHASSEE, FL THE NERDY MYSTIC LLC SUBJECT: 🚊 (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: TERESA LEARY (Contact Person) THE NERDY MYSTIC LLC (Firm/Company) 179 OAKLEAF CIRCLE (Address) DELAND, FL 32724 (City/State and Zip Code) For further information concerning this matter, please call: **SAM ROLLINS** 330.7899 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ■ \$55 Filing Fee & Certified Copy

Mailing Address:

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



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)

1. The name of the l	imited liability company as	it appears on the records of the	Florida Department
		11	
of State is:	ERDY MYSTIC LLC		
2. The Florida docu	ment/registration number as	signed to this limited liability c	company is:
1.21000502933			
3. The date this men	mber/manager withdrew/res	igned or will withdraw/resign is	s: 2/5/7072.
SAMANTHA RO)LLINS	, hereby withdraw/resign a	as a
(Print No	ame of Person Resigning)		
MEMBER/OWNE	ER		
((Print Title)		
of this limited lial	bility company and affirm th	ne limited liability company has	been notified of my
resignation in wr	iting.		
doe	fee		
Signature of Di	ssociating Member or Resig	gning Manager	
			200
Filing Fee:	\$25.00 (Required)		7 XX
Certified Copy:	\$30.00 (Optional)		