L21000507258

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (1045500151100) | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



000434337960

08/07/24--01026--004 **25.00



08/07/21

COVER LETTER

| TO: Registration Section | | | | |
|--|---------------------------|--|--------------------|----------|
| Division of Corporations | | | | |
| SORIFCI: | | LC, a Florida limited liabili | ity company | y |
| (Na | me of Limited Liability (| Company) | | _ |
| The enclosed member, resignation o | or dissociation and fe | e(s) are submitted for fi | ling. | |
| Please return all correspondence cor | ncerning this matter t | o: | | |
| Travis Morock | | | | |
| (Contact Person) | | | | |
| Carver Darden | | | | |
| (Firm Company) | | | | • |
| 151 W Main Street, Suite 200 | | | | : : |
| (Address) | | | 177 *** 577 *** | 7 |
| Pensacola, FL 32502 | | | 177 | PH 5: 17 |
| (City/State and Zip Co | ode) | | , - , | |
| For further information concerning t | this matter, please ca | H: | | |
| Travis Morock | 850 at (| 266-2300 | | |
| (Name of Contact Person) | (Area Co | de & Daytime Telephone | Number) | - |
| Enclosed please find a check made p S25 Filing Fee | | a Department of State for ing Fee & Certified Cop | | |
| 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)

| | limited liability company a | • • | • | |
|---|--|-------------------------------|---------------------------|--|
| 2. The Florida doc L21000507258 | ument/registration number a | assigned to this limited liab | ility company is: | |
| 3. The date this me | ember/manager withdrew/re | signed or will withdraw/res | ign is: | |
| 4. I, Walcod Qader (Print Name of Person Resigning) | | , hereby withdraw/resign as a | | |
| Manager | | | | |
| of this limited lia resignation in wr | bility company and affirm titing. | | y has been notified of my | |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | | 77 PH 5: | |