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(Requestor	's Name)
(Address)	
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(City/State/	Zip/Phone #)
(Business I	Intity Name)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Sacred Space Spiritual Center

(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:

Barbara Bulnes		
	(Contact Person)	
Sacred Space Spiritu	al Center LLC	
	(Firm/Company)	
30633 Midtown Ct		
	(Address)	
Wesley Chapel, FL	33545	
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)	
For further inform	nation concerning this matter, please ca	11:
Barbara Bulnes	at (205-9658
(Name)	of Contact Person) (Area Co	de & Daytime Telephone Number)
	ind a shash mada naushla ta tha blarida	Department of State for

Enclosed please find a check made payable to the Florida Department of State for:

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

CR2E079 (2/14)



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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)

- 2. The Florida document/registration number assigned to this limited liability company is: L21000514512
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- Barbara Bulnes

(Print Name of Person Resigning), hereby withdraw/resign as a

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

gnature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) CR2E079 (2/14)