## L21000520220

(Requestor's Name)					
(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:					
J. HORNE JUL 15 2024					

Office Use Only



300432033033

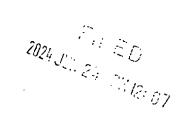
PH 2177 11,7,9+ 919 (★€35 95



## **COVER.LETTER**

_	stration Section sion of Corporations				
SUBJECT:	Old Palm Home Watch, LLC				
(Name of Limited Liability Company)					
The enclose	d member, resignation or dis	sociatio	n and fee	e(s) are submitted for filing.	
Please return	n all correspondence concern	ing this	matter to	o:	
Danielle Grim	r				
	(Contact Person)			_	
Old Palm Hon	ne Watch, LLC				
	(Firm/Company)	<u> </u>		_	
5413 Bryant A	Ave				
	(Address)			_	
Naples, FL 34	113				
····	(City/State and Zip Code)	**			
For further i	information concerning this i	natter, p	olease cal	H:	
Danielle Grim	1	at	239	398.2498	
(1)	Name of Contact Person)			de & Daytime Telephone Number)	
Enclosed ple	ease find a check made paya	ble to th	e Florida	Department of State for:	
\$25 Filin				ng Fee & Certified Copy	
Maili	ing Address:			Street Address:	
Registration Section				Registration Section	
	sion of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314				2415 N. Monroe Street, Suite 819	
				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 limited liability company of State is:	as it appears on the records of the Florida Department
2. The Florida document/registration numbe	r assigned to this limited liability company is:
3. The date this member/manager withdrew/	resigned or will withdraw/resign is: April 8, 2024
4. I, Steve B. Grim JR  (Print Name of Person Resigning)	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Manager	
(Print Title)	<u>-</u> ·
resignation in writing.	the limited liability company has been notified of my
Signature of Dissociating Member or Re	signing Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)