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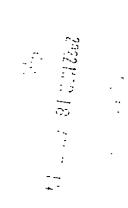
(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Contry CA Conpan (Name of Limited Lia	Hility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
Chris Crawford (Contact Person)	
Cantry Cut Conpany Luc	
10830 Toupon Springs Rd	
Odessa FL 33556 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Chris Crawford at (7) (Name of Contact Person) (A	27 277 - 5305 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the f	Florida Department of State for: 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

**TO:** Registration Section



2022 HER 18 PH 7: 14

## 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 liabi	ility company as it appears on the records of the Florida Department
of State is: Country (	Lit Company LLC
•	ration number assigned to this limited liability company is:
L220000135	528
3. The date this member/manag	er withdrew/resigned or will withdraw/resign is: 3/2/22
4. 1. Max K Heinkel (Print Name of Person	, hereby withdraw/resign as a
AMBR (Print Title)	
of this limited liability comparesignation in writing.  My	ny and affirm the limited liability company has been notified of my
Signature of Dissociating M	Jember or Resigning Manager
Filing Fee: \$25.00 (Certified Copy: \$30.00 (Certified Copy:	Required) Optional)