L22 000 070 004

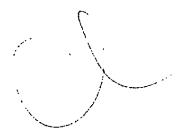
(Re	equestor's Name)				
(Ad	ldress)	<u> </u>			
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

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COVER LETTER

U	stration Section sion of Corporations	•		
SUBJECT:	SUBWAY-10115 LLC			
Sebate 1.	(Name of Limited Liability Co	ompany)	_	
The enclosed	I member, resignation or dissociation and fee((s) are submitted for filing.		
Please return	all correspondence concerning this matter to	:		
THOMAS LA	RNEARD			
	(Contact Person)	_		
MITCH BOLE	EWARECPA LLC			
	(Firm/Company)	_		
31 WALTER I	MARTIN ROAD		•	
	(Address)		2022	
FT. WALTON	BEACH, FLORIDA 32548		2022 SEP -6	J
*	(City/State and Zip Code)			-
For further in	nformation concerning this matter, please call	: : : :	PH 12: 5"	. ;
THOMAS LA	RNEARD 850	244-2731	57	
(N	\ \	e & Daytime Telephone Number	r)	
Enclosed ple	ease find a check made payable to the Florida g Fec S55 Filir	Department of State for: ng Fee & Certified Copy		
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Sui Tallahassee, FL 32303	te 810	



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)

	nited liability company as Y-10115 LLC	it appears on the records of t	the Florida D	epartment
2. The Florida docum 1.22000070004	nent/registration number as	signed to this limited liability	y company is	:
3. The date this mem	ber/manager withdrew/resi	igned or will withdraw/resigr	9/1/22 n is:	
4. I. HOLCOMB B. LATTING III (Print Name of Person Resigning)				
AUTHORIZED ME				
(Pr	int Title)			
resignation in writing		c limited liability company h	as been notifi	
Filing Fee: Certified Copy:	_		:	2022 SEP -6