K22000076567

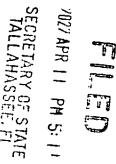
| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Dusiness Entity Hame) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| Q. SILAS | |
| APR 2 8 2022 | |
| | |
| | |

Office Use Only



800385524798

04/11/22==01034==004 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Rad hous PUC (Name of Limited) | Liability Company) |
| The enclosed member, resignation or dissociation | on and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | s matter to: |
| Down Pullty (Contact Person) | |
| Red Wares FC (Firm/Company) | |
| 349 Meadowwood LN (Address) | |
| City/State and Zip Code) | |
| For further information concerning this matter, | please call: |
| Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | ne Florida Department of State for: 3 \$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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2027 APR 11 PM 5: 1!

SECRETARY OF STATE TALL AHASSEE, FL

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 as it appears on the records of the Florida Department |
|--|---|
| of State is: | adhanes Fe LUC |
| 2. The Florida docu | unent/registration number assigned to this limited liability company is: |
| 1 2200007 | 6567 |
| 3. The date this men | mber/manager withdrew/resigned or will withdraw/resign is: 33022 |
| 4. 1, Donna Ta | , hereby withdraw/resign as a mile of Person Resigning) |
| Manager | Print Title) |
| of this limited liab resignation in wri | oility company and affirm the limited liability company has been notified of my ting. |
| al Jean Taylor | |
| Signature of Dis | ssociating Member or Resigning Manager |
| _ | \$25.00 (Required) \$30.00 (Optional) |