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To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER) Account Number : 071005001001 : (727)441-8966 Phone : (727)442-8470 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** $\ddot{\circ}$ Email Address: willroeper@gmail.com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C. BRUMBLEY FCA BELLEAIR LLC APR 2 6 2022 Certificate of Status 0 Certified Copy

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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)

1. The name of the l	imited liability company as it	appears on the records of the Flo	rida Departme	nt
of State is: FC	CA BELLEAIR LL	C		<i>:</i>
2. The Florida docum	nent/registration number assi	gned to this limited liability comp	pany is:	
L220001	36466	<u></u> ,		
3. The date this men	nber/manager withdrew/resign	ned or will withdraw/resign is: $\stackrel{ ext{A}_1}{ ext{_}}$	pril 19, 2022	! •
4. I, Scott Roe (Print Na	ne of Person Resigning)	, hereby withdraw/resign as a	2022 APR	<u> </u>
	Manager		22 P	FILED FILED
of this limited liab resignation in writ		imited liability company has bee	n notified of m	y E
Signature of Diss	MAN Member or Resigning	ng Manager		
Filing Fee:	\$25,00 (Required)			

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\$30.00 (Optional)