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COVER LETTER

Division of Corporations DETAIL EAST LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: MICHAEL REALE (Contact Person) DETAIL EAST LLC (Firm/Company) 3953 ZENITH LOOP (Address) THE VILLAGES, FLORIDA, 32163 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL REALE (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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 a	s it appears on the records of t	the Florida Department
	AIL EAST LLC		2
2. The Florida docu	ument/registration number a	assigned to this limited liabilit	y company is: 4
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign	7/11/2024 1 is:
4. I. VIRGINIA REA	LE. ame of Person Resigning)	, hereby withdraw/resig	n as a
AMBR	,		
· · · · · · · · · · · · · · · · · · ·	(Print Title)		
of this limited lia resignation in wr		he limited liability company h	as been notified of my
Viviginia	Peale		
Signature of Di	ssociating Member or Resi	gning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		