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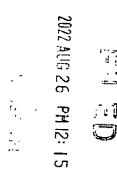
| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| | | | | | | | | |
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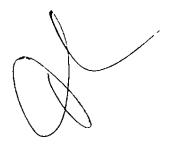
Office Use Only



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COVER LETTER

| TO: | Regist | Registration Section | | | | | | |
|--------|----------------------|-------------------------------------|---------------------|---|--|--|--|--|
| | Divisi | on of Corporations | | | | | | |
| SUBJ | JECT: _ | SAVE OUR VILLAGE LLC | | | | | | |
| | | (Name of L | imited Liability Co | mpany) | | | | |
| The e | nclosed | member, resignation or disso | ociation and fee(| s) are submitted for filing. | | | | |
| Please | e return | all correspondence concernit | ng this matter to: | | | | | |
| Mary | Ellen Alib | perti | | | | | | |
| | | (Contact Person) | | _ | | | | |
| N/A | | | | | | | | |
| | | (Firm/Company) | | <u> </u> | | | | |
| 1356 | N. Hunte | erston Point | | | | | | |
| - | _ | (Address) | | _ | | | | |
| Crysta | ıl River, F | L 34429 | | | | | | |
| - | | (City/State and Zip Code) | | _ | | | | |
| For fi | irther in | formation concerning this ma | atter, please call: | : | | | | |
| Mary | Ellen Alib | perti | 352 at (| 462 - 8888 | | | | |
| | (Na | ime of Contact Person) | | e & Daytime Telephone Number) | | | | |
| , | sed plea 5 Filing | ise find a check made payabl Fee | | Department of State for: g Fee & Certified Copy | | | | |
| | | g Address: | | Street Address: | | | | |
| | _ | tration Section on of Corporations | | Registration Section Division of Corporations | | | | |
| | | Box 6327 | | The Centre of Tallahassee | | | | |
| | Tallah | nassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |



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)

| Ç A | e limited liability company a | | of the I | Florida l | Departi | ment |
|--|--|-------------------------------|-------------------------|-----------|-------------|--|
| 2. The Florida doc L22000253506 | ument/registration number a | assigned to this limited liab | oility co | mpany | is: | |
| 3. The date this me | ember/manager withdrew/res | signed or will withdraw/re | sign is: | 8/22/20 |)22 | |
| 4. 1,(Print \) | Mary Ellen Aliberti, here (Print Name of Person Resigning) Authorized Member | | by withdraw/resign as a | | | |
| | (Print Title) | | | | | |
| of this limited lia resignation in wr | bility company and affirm thiting. | he limited liability compai | ıy has b | een not | ified o | ſmy |
| Mary Ellin Signature of D | Sliberte issociating Member or Resig | gning Manager | | : | 2022 AUG 26 | ֓֞֞֞֞֞֞֞֞֞֞֞֓֞֓֞֞֓֞֓֞֓֞֞֓֞֓֞֓֞֓֞֓֞֓֞֓֞ |
| - | \$25.00 (Required) \$30.00 (Optional) | | | | PM 12: 15 | |