

122000325 559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

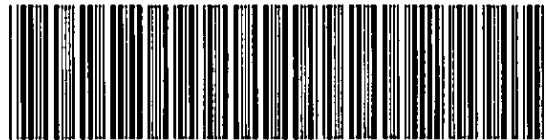
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/22 10:16:25 AM 125.00

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TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Limited Liability Company)

(Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

270 312-9158

at () _____
(Area Code & Daytime Telephone Number)

☐ \$55 Filing Fee & Certified Copy

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

**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: SWAMP FOX SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.22000325559


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 13 DEC 22

4. I, JAMES PAUL GRAVES II, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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