L>> 888 376798

(Requestor's Name)			
(Address)			
	·		
	[dec 2)		
(Address)			
(Cit	ty/State/Zip/Phone #)	_	
PICK-UP	☐ WAIT	MAIL	
/P.,	siness Entity Name)		
(Du	siness Entity Name)		
(Document Number)			
Certified Copies	_ Certificates of	Status	
			
Special Instructions to	Filing Officer:		
		ł	
		ľ	
<u> </u>		 	

Office Use Only



300422726893

01/36/24--01019--005 *+55.00

2024 JAN 30 AM II: O

COVER LETTER

TO: Registration Section Division of Corporations	
MIRANDA ADAMS OUTDOO SUBJECT:	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Andrew John Marheine	
(Contact Person)	
MIRANDA ADAMS OUTDOORS, LLC	JAN 3
(Firm/Company)	HAA
452 SE Paradise Point	2024 JAN 30 AM II: 01 SENEL AHASSEE, FL
(Address)	FA O
Crytal River, FL 34429	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Andrew John Marheine	920 737-0075 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya ☐ \$25 Filing Fee	ble to the Florida Department of State for: \$\Bigs \\$55 \text{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

CR2E079 (2/14)



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 i	it appears on the records of the Florida Department
	HEINE, ANDREW JOHN	
2. The Florida docu	ment/registration number ass	signed to this limited liability company is:
L22000376798		
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/resign is:
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
Signature of Di	Ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	