## L22000382964

(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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## **COVER LETTER**

TO: Registration Section Division of Corporations The Spread 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: Sandra Gallmon (Contact Person) The Spread LLC (Firm/Company) 1548 Town Park Dr (Address) Port Orange FL 32129 (City/State and Zip Code) For further information concerning this matter, please call: Sandra Gallmon (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 Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



## 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)

	limited liability company as	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
		, hereby withdraw/resign as a
member		
1	(Print Title)	
of this limited lial resignation in wr	- · · ·	ne limited liability company has been notified of my $I(\int iQ \int Z)$
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2023 D SECK TAL