## 622000 5/6666

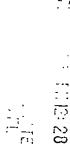
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coornell version)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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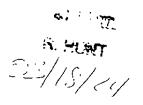
Office Use Only



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## **COVER LETTER**

_	gistration Section vision of Corporations			
SUBJECT	8715 US 41 NORTH, LLC			
		Limited Liability Co	ompany)	
The enclos	ed member, resignation or diss	ociation and fee(	(s) are submitted	for filing.
Please retu	rn all correspondence concerni	ng this matter to:	:	
L. Michael I	Iersom			
	(Contact Person)		<del></del>	
8715 US 41	NORTH, LLC			
	(Firm/Company)		_	
15 Paradise I	Plaza PMB 377		·	
	(Address)		_	i,
Sarasota, FL	34239			1312: 28 2.51
	(City/State and Zip Code)	-	_	220
For further	information concerning this m	atter, please call:	:	7.1
L. Michael F	Iersom	678 at (	427 0293	
(	Name of Contact Person)		e & Daytime Tele <sub>l</sub>	phone Number)
Enclosed p ■ \$25 Fili	lease find a check made payabling Fee		Department of St ig Fee & Certified	
Reg Div P.O	ling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Se Division of Cor The Centre of 2415 N. Monro Tallahassee, FL	rporations Fallahassee oc Street, Suite 810



## 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)

2. The Florida doct	ument/registration number a	ssigned to this limited liability company is	:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: March 7.2	024
4. 1. Matthew Lanc (Print N  Manager	Isman  'ame of Person Resigning)	, hereby withdraw/resign as a	
<del></del>	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been notif	ied of my
Signature of Di	sociating Member or Resig	ming Managar	
Signary C. Tr	Poymong we more or resig	ining Manager	. <b>!</b> 
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
			I