## 122000535501

(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

SUBJECT: EAGLE R'368 BU: Lews of H. "LLE"
(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:

Rogar Walet				
(Contact Person)				
Gayle M. Sig Residence of The (Firm/Company)				
1614 52mi Dr. W. (Address)				
Dalmitto Il 24221				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Name of Contact Person)

at (941) 313-4367

(Area Code & Daytime Telephone Number)

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





## 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 lis	mited liability company as it ap	pears on the records of the Florida [	Department
of State is:	Sla Ridga Brilden	obtlinda "LL("	·
2. The Florida docum	ent/registration number assigne	ed to this limited liability company i	s:
L2200	053501		
		or will withdraw/resign is: 7 1/1	6/23
4. I, Kogu W (Print Nam	4(C)	, hereby withdraw/resign as a	
,	ini Tille		2023
of this limited liabil	ity company and affirm the lim	ited liability company has been noti	fied <b>a</b> my.
resignation in writing	ag.	$\bigcap$	20
1	m. Wil		AH ::
Signature of Diss	ociating Member or Resigning I	Manager	::   : 27
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		