L2300012086

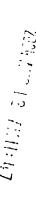
| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document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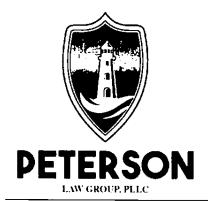




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JAMES C. PETERSON PHILIP B. PETERSON MATTHEW E. PETERSON ALEXANDER KOLLMER LAURA KLOSSNER

2650 N. Dixie Frwy - 2nd Floor, New Smyrna Beach, FL 32168 Phone: (386) 428- 2464 Fax: (386) 423-9967

August 9, 2024

RegistrationSection Division of Corporations P o Box 6327 Tallahassee, FL 32314

RE: Amish Poly Furniture LLC

Dear Clerk:

In regard to the above-referenced, enclosed please find a Dissociation or Resignation of Member, along with a check in the amount of \$25.00 for processing the filing.

Once recorded please return them to this office in the self-addressed, stamped envelope provided.

Sincerely yours,

Carrie Taylor

CARRIE TAYLOR

Enclosures

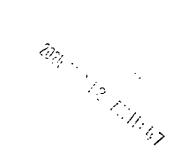
COVER LETTER

Registration Section **Division of Corporations** AMISH POLY FURNITURE LLC (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: Matthew E. Peterson (Contact Person) Peterson Law Group (Firm/Company) 2650 N. Dixie Frwy - 2nd Floor (Address) New Smyrna Beach, FL 32168 (City/State and Zip Code) For further information concerning this matter, please call: Matthew E. Peterson (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:





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: AMI | SH POLY FURNITURE LLC |
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| L23000012086 | <u> </u> |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: |
| 4. I, | ARD, hereby withdraw/resign as a lame of Person Resigning) |
| (Print N | lame of Person Resigning) |
| MANAGER | |
| | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| لمسلامة | |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |