## L23 0000 15210

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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2023 JUN 23 PH 4: 37 SECRETARY OF STATE

MY

## **COVER LETTER**

Division of Corporations	
Querencia Stays LLC SUBJECT:	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Roland Johnson	
(Contact Person)	<del></del>
Querencia Stays LLC	
(Firm/Company)	<del></del>
847 SE 16th St	
(Address)	
Stuart, FL 34994	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	r, please call:
Roland Johnson	561 599-0518 at ( )
(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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee FL 32303

CR2E079 (2/14)

TO: Registration Section



## 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 a		•	
2. The Florida doc L23000015210	ument/registration number a	nssigned to this limited liab	oility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	5/16/2023 sign is:	
Daina Cmith	Paige Smith			
Authorized Meml				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compan	y has been notified of my	
Pais	e Smiths	_		
Signature of D	issociating Member or Resig	gning Manager	FIL 2023 JUN 23 SECRETAR TALLAHI	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		N23 PH TARY OF ANIASSI	