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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SALTY ROOTS CHARTERS 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:
JEFF RUDERVS (Contact Person)
SALTY ROOTS CHARTERS UC (Firm/Company)
1425 VOLCO ROAD (Address)
FOGE WATER FL 32141 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
TEFF RODERVS at (386) 341.4534 (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 & Certified Copy

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

CR2E079 (2/14)



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 rec	ords of the Flori	da Depa	irtment	
of State is:	ALTY ROOTS	CHARTERS	LLC		·	
2. The Florida doc	iment/registration number	assigned to this limite	d liability compa	ny is:		
L2300	0144063	·				
	mber/manager withdrew/re	_		f-05.	<u>23</u>	
4. I. (Print N	EN GAUO lame of Person Resigning)	, hereby withdr	aw/resign as a			
W	APAGER					
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability co	mpany has been	notified	of my	
Signature of D	issociating Member or Res	igning Manager				
	\$25.00 (Required) \$30.00 (Optional)			HALL ARAS	2023 APR 10	د ا ا