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COVER LETTER

TO: Registration Section	× .
Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Amy Buck Kickpat (Name of Limited L.	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Amy Kirkpatrick (Contact Person)	
(Contact Person)	
(Firm/Company)	
4798 Highgrove Rd (Address)	
Tallahassee, FL 32309	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Amy Kick patrick at ((Name of Contact Person) (2)	561) 951-7161
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ✓ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: 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)



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	e limited liability company as	s it appears on the recor	rds of the Florida Department
of State is:	Amy Buck Kirks	patrick, LLC	·
2. The Florida doc	ument/registration number as	ssigned to this limited l	liability company is:
L23000	0172915	·	
3. The date this m	ember/manager withdrew/res	igned or will withdraw	/resign is: 4/201/23
4. I. (Print)	Wilson Name of Person Resigning)	, hereby withdraw	v/resign as a
Mana	(Print Title)		
of this limited lia resignation in w		ne limited liability com	pany has been notified of my
Tim Wi	6n.		2023 S.
Signature of D	issociating Member or Resig	ning Manager	2023 APR 2
•	\$25.00 (Required) \$30.00 (Optional)		27 PM 4:3:
			<u> </u>