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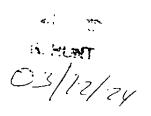
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
,		

Office Use Only



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03/12/24--01025--002 **55.00



COVER LETTER

Division of Corporations	
SUBJECT: BY HIS GRACE HOL (Name of Limited Liability C	
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to) :
DENA LENEGER (Contact Person)	
BY HIS GRACE HOLDINGS (Firm/Company)	
315 BARON RO	·
O PLANDO, FL 32828 (City/State and Zip Code)	
For further information concerning this matter, please cal	II: 02
DENA KRUEGER at (407 (Name of Contact Person) (Area Contact Person)	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$\Boxed{1} \\$25 \text{Filing Fee} \\ \$\Boxed{1} \\$55 \text{Filing}\$	n Department of State for: ing 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

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)

1. The name of the limited liability company as it appears on the records	of the Florida Department
of State is: BY HIS GRACE HOLDINGS LLC	,
2. The Florida document/registration number assigned to this limited liab	ility company is:
L23000352727	
3. The date this member/manager withdrew/resigned or will withdraw/resigned.	sign is: 3/5/24
4. I, BRENT KRINEGER, hereby withdraw/ro	
MANAGER (Print Title)	
of this limited liability company and affirm the limited liability companies resignation in writing.	y has been notified of my
Brent thus	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	.;
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CR2E079 (2/14)