23000560114

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: SHORE SUPPOR	
(Name of Entired Liab)	my company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
PAUL CLARK	
(Contact Person)	
SHORE SUPPOLT UC	
(Firm/Company)	
4437 W BAY AVE (Address)	
(Address)	
TAM/A IL 33616	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
PAUL CLARK all 8	13,992,9628 a Code & Daytime Telephone Number)
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Englosed please find a check made payable to the Flo	orida 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



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:	SHORE SUPPORT LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L230	008560114
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 614/24
4.1. WEND	hereby withdraw/resign as a me of Person Resigning)
MGR	<u> </u>
(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
_illey	R/L
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
CETHICH CODY.	3.W.W WD00001