L24000008918

(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:						





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2024 HOV 22 AM II: 0



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Peace O (Name of Lin	F Mind Contracting LLC
The e	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
	Britiney Szel (Contact Person) Peridia Courry (Firm/Company)	
	(Firm/Company) 4950 Peridi (Address)	
	Bradenton, FL (City/State and Zip Code)	34203
For fu	rther information concerning this mat	ter, please call:
	Rithrey Szelaci (Name of Contact Person)	at (734) 299 0245 (Area Code & Daytime Telephone Number)
,	sed please find a check made payable 5 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2024 NOV 22 AHII: 01

SEURE LAHASSEE, FL

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 of	company as it a	appears on the	records of the Flo	orida Department
of State is: Peace	of M	ind Co	ntracting	LLC.
2. The Florida document/registration	n number assig	ned to this lin	nited liability dom	pany is:
99-065417	9			
3. The date this member/manager w	ithdrew/resign	— ed or will with	ndraw/resign is: 2	3/17/24
4. I, Brithly Sz. (Print Name of Person Resig	elag	, hereby wit	hdraw/resign as a	
Co-Owner (Print Title)	·			
of this limited liability company as resignation in writing. Signature of Dissociating Members		Jeg _	company has bee	en notified of my
Signature of 1913. Centuring Weeps	er or reargini			
Filing Fee: \$25.00 (Requ Certified Copy: \$30.00 (Option				