

(((H240001403273)))



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To:	Division of Corporations			
	Fax Number : (850)617-63	183		
From:				
	Account Name : HILL WARD H			
	Account Number : 07210000052	<del>-</del>		
	Phone : (813)221-39 Fax Number : (813)200-59			
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ু ু	iter the email address for th	is business entity	to be used for	future
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APG 17 PN 2	Ter the email address for the same annual report mailings. Entire Email Address:	er only one email	address please.	<b>-</b>
Red 17 PH 2	See the email address for the Openius report mailings. Enter the Email Address:	er only one email	address please.	<b>-</b>
APG 17 PN 2	See the email address for the Openius report mailings. Enter the Email Address:	CORRECT OR	address please.	<b>-</b>
APC 17 PN 2	SSM	CORRECT OR	address please."  M/MG RESIG	<b>-</b>

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

APR 18 2024

\$25.00

(((H24000140327 3)))



## 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)

2. The Florida doc L24000013727	ument/registration number ass	igned to this limited liability company	is:
3. The date this me	:mber/manager withdrew/resig	ned or will withdraw/resign is:04/18	/2024
4. I, GARY D. MEA	DOWS   ame of Person Resigning)	, hereby withdraw/resign as a	
MANAGER			-:
	(Print Title)		E
of this limited lia resignation in wr		limited liability company has been not	ified of my ⊖ ⊖
	hunner		
Signature of D	esociating Member or Resigni	ng Manager	
Signature of D Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ng Manager	