L24000044060

| (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: |
| |
| |
| Umills |

Office Use Only



300422976373

02/02/24--01030--018 **25.00

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: Deeding Department (LC (Name of Limited Liability Company) | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to: | |
| William D Sellers (Contact Person) | |
| W.D. Sellers, Inc. (Firm/Company) | |
| P.O. Box 484 (Address) | |
| Melbourne, 7L 32902 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| (Name of Contact Person) at (321) 652-8775 (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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: | Deeding Department LLC |
| 2. The Florida docu | ment/registration number assigned to this limited liability company is |
| L2400 | 00 440 60 |
| 3. The date this men | mber/manager withdrew/resigned or will withdraw/resign is: 1/29/24 |
| 4. I. The Comp | when the state of Person Resigning). hereby withdraw/resign as a |
| <u> MG</u> | Print Title) |
| of this limited liab resignation in wri | oility company and affirm the limited liability company has been notified of my ting. |
| _ln-t |)5- |
| Signature of Dis | sociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |