124000211099

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
☐ 5ICK-∩5	MAIT	MAJL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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08/19/24--01014--018 **25.00

COVER LETTER

TO:		tration Section ion of Corporations		
SUBJ		Southern Wide Partners LLC		
		(Name of Limite	d Liability Cor	mpany)
The e	nclosed	member, resignation or dissociat	ion and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning th	is matter to:	
Willian	m C. Bus	bee II		
-		(Contact Person)		_
Busbee	e Enterpr	ises Inc		
		(Firm/Company)		-
100 No	ortheliff`l	Dr. P.O. Box 158		
		(Address)		_
Gulf B	breeze, Fl	orida 32561		
		(City/State and Zip Code)	_	-
For fu	rther in	nformation concerning this matter	, please call:	
Willia	m C. Bus		850 at (889-7848
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
	Regis Divis P.O. I	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

	limited liability company a	s it appears on the records of the Florida Departmen
2. The Florida doc L24000211099	ument/registration number a	assigned to this limited liability company is:
4. 1. Jeff Rodenberry		signed or will withdraw/resign is: 7/1/2024, hereby withdraw/resign as a
		he limited liability company has been notified of my
Deffrey Scott Koddenberry		7/29/2024 10:23 AM CDT
Ü	issociating Member or Resi	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	