

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Document Number)			
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08/19/24+-01014--025 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ESS COCOA, ELC		
(Name of Limit	ted Liability Co	ompany)
The enclosed member, resignation or dissocia	ition and fee((s) are submitted for filing.
Please return all correspondence concerning t	his matter to	:
LOGAN BAKER		
(Contact Person)		
ESS COCOA, LLC		
(Firm/Company)		
PO BOX 555028		
(Address)		
ORLANDO, FL 32855		
(City/State and Zip Code)		
For further information concerning this matte	r, please call	:
LOGAN BAKER	407 at (4530815
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

	COCOA LLC	as it appears on the records of the Florida Department
2. The Florida doc 1.24000278816	ument/registration number	assigned to this limited liability company is:
MATTHEW B1	RICHARISON	esigned or will withdraw/resign is: , hereby withdraw/resign as a
MGR		٦
	(Print Title)	; ;
resignation in wr	riting.	the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	