LZ4000 279871

(Requestor's Name)				
(Address)				
(Address)				
(1001000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusings Eatity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section	✓
Division of Corporations	
SUBJECT: C & D Florida Partners L	1.C
	lame of Limited Liability Company)
(14	and of Entitled Clabinty Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to:
Caren Muir	
(Contact Person	
C & D Florida Partners, LLC	200
(Firm/Company	2004 JULI 23 PH 1: 48
8786 Antarus Dr	~ 23
(Address)	
	i distribution de la constantina de la La constantina de la
Lake Worth, FL 33467	
(City/State and Zip	Code) \sim \sim
For further information concerning	this matter, please call:
Caren Muir	at (817) 851-5743
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	13 4 4 5 Florida December 6 Carac Com
-	e payable to the Florida Department of State for:
■ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy
	_
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 a	ppears on the records of the	Florida Department
of State is: C&I	O Florida Partners LLC		
2. The Florida docu	ument/registration number assign	ned to this limited liability o	company is:
L24000279871		_·	
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is	s: <u>06/21/2024</u>
4. I, David I Muir	ame of Person Resigning)	_, hereby withdraw/resign a	as a
Member and Man			
of this limited lia resignation in wr	bility company and affirm the liniting.	mited liability company has	been notified of my
This h			23
Signature of Di	ssociating Member or Resigning	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		