L24000294103

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Regis	stration Section		
Divis	ion of Corporations		
SUBJECT:	BATTLEGROUND FAITH L	···	
	(Name of Lim	ited Liability Co	mpany)
The enclosed	I member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Joseph B.	Marks		
	(Contact Person)		_
BATTLEGI	ROUND FAITH LLC		
	(Firm/Company)		_
5915 OAK	MILL TERRACE		
	(Address)		-
PALMETT	O, FLORIDA 34221		
	(City/State and Zip Code)		
For further in	nformation concerning this matte	er, please call:	
JOSEPH E	B. MARKS	at (805)443-8096
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea	ase find a check made payable to		Department of State for: g Fee & Certified Copy
9 (023	, 100	וווווז ככש ב	gree a cermica copy
Regis Divisi	g Address: tration Section ion of Corporations Box 6327		Street Address: Registration Section Division of Corporations
	nassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Pursuant to 605.0216, Florida Statutes)

MANUS ON 3:55 DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRO FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ___BATTLEGROUND FAITH LLC 2. The Florida document/registration number assigned to this limited liability company is: L24000294603 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/1/2024 4. I, RACHEL A. LANT-MARKS _____, hereby withdraw/resign as a (Print Name of Person Resigning) AR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)