## L24000302110

(Requestor's Name)
(Address)
(Address)
(City/State/Žip/Phone #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Evolve Sober L (Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Michelle Robinson (Contact Person)	
Evolve Sober Living, U	_C
230 Whichard Way (Address)	
St. Augustine, F2 3208 (City/State and Zip Code)	36
For further information concerning this matter	r, please call:
Michelle (Name of Contact Person)	at (727) 307-4032 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
1.01.000.000	Centre of randingssee

2415 N. Monroe Street, Suite 810

Taliahassee, 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 appears on the records of the Florida Department
of State is:	rolve Sober Living, UC.
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L24000	302710
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $81/24$
4.1. Brade	, hereby withdraw/resign as a man of Person Resigning)
Manag	Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Bing	P Pay
Signature of Di	ssociating Member or Resigning Manager
<del>-</del>	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)