M16000007146

| (Red | questor's Name) | | |
|---|-------------------|-------------|--|
| (Add | dress) | | |
| (Ado | dress) | | |
| (City | //State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Bus | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Divis | ion of Corporations | | |
|---|---|------------------|---|
| SUBJECT: | Seediv LLC | | |
| oobsite i. | (Name of Lim | ted Liability Co | mpany) |
| The enclosed | l member, resignation or dissoci | ation and fee(| s) are submitted for filing. |
| Please return | all correspondence concerning | his matter to: | |
| Cynthia Sa | rsen | | |
| | (Contact Person) | | _ |
| | (Firm/Company) | | _ |
| 2561 Sunn | y Creek Drive | | _ |
| | (Address) | | |
| Fleming Isla | and FL 32003 | | |
| | (City/State and Zip Code) | | _ |
| For further in | formation concerning this matte | r, please call: | |
| Cynthia Sa | rsen | 813 at (| 453-7697 |
| (N | ame of Contact Person) | | e & Daytime Telephone Number) |
| Enclosed ple \$25 Filing | ase find a check made payable to Fee | | Department of State for: g Fee & Certified Copy |
| Registration Division of C Clifton Build | Corporations ing | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| | ve Center Circle Florida 32301 | | Tallahassee, Florida 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)

| | The name of the limited liability company as it appears on the records of the F of State is: | Florida Department |
|----|--|--------------------|
| 2. | The Florida document/registration number assigned to this limited liability co M16000007146 | mpany is: |
| 3. | The date this member/manager withdrew/resigned or will withdraw/resign is: | 01/01/2018 |
| 4. | Vannick Joan Mara Paction | |
| | (Print Name of Person Resigning) | |
| | Manager | |
| | (Print Title) | |
| | of this limited liability company and affirm the limited liability company has b resignation in writing. | een notified of my |
| ١ | | |
| | Signature of Dissociating Member or Resigning Manager | |

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: