## M210000 14572

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

Office Use Only



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12/06/21--01019--013 \*\*25.00

#### **COVER LETTER**

TO:	_	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:			
		(Name of Limit	ed Liability Con	npany)
The e	nclosed	d member, resignation or dissocia	tion and fee(s	) are submitted for filing.
Please	e returr	all correspondence concerning t	his matter to:	
JACQI	UELINE	EELY		
		(Contact Person)		-
J ELY	BUSIN	ESS SERVICES		
		(Firm/Company)		-
986 Al	IRPORT	RD SUITE A		
		(Address)	-	_
DEST	IN. FL 3	32541		
	_	(City/State and Zip Code)		-
For fi	arther i	nformation concerning this matte	r, please call:	
JACK	IE ELY		850	974-1595 _) & Daytime Telephone Number)
	(N	Same of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed plo 25 Filin	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
	Regi	ng Address: stration Section		Street Address: Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



# 2021 DEC -6 AM 9: 56 SECRETARY OF STATE TALLAHASSEE, FIL

### 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)

		ny as it appears on the records of the Florida Department
2. The Florida docu M21000014892	ment/registration numb	per assigned to this limited liability company is:
3. The date this me	mber/manager withdrev	w/resigned or will withdraw/resign is:
JACQUELINE E	ELY	. hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
AP		
	(Print Title)	<del></del> '
resignation in wr		rm the limited liability company has been notified of my Resigning Manager
Filing Fee	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	