L0300045767

(Req	uestor's Name)	
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(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SHORL DARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER

Division of Corporations

SUBJECT:

Packer Enterprises LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Bruce B. Packer Sr.

(Contact Person)

Packer Enterprises LLC

(Firm/Company)

P.O. Box 370

(Address)

Titusville, FI 32781

(City/State and Zip Code)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee & Certified Copy

For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

TO:

Registration Section



SECTETAR FOR JULIANE DIVISION OF CORFORATIONS

14 SEP 12 PH 12: 47

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)

	limited liability company as it appears on the records of the Florida Department er Enterprises LLC
2. The Florida docu L03000045767	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 8-8-2014
4. I, Donald E. Pa	cker , hereby withdraw/resign as a
(Print No	ame of Person Resigning)
Vice Presiden	ıt everili eve
((Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)