

215000177793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

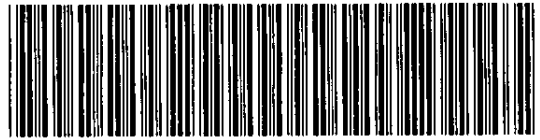
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/03/15--01010--020 **25.00

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15 NOV - 9 PM 3:08
TO APPROVE
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APPROVE
AND
FILED
15 NOV - 9 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOVING Tallahassee Seniors 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:

Maren Cox

(Contact Person)

Moving Tallahassee Seniors LLC

(Firm/Company)

2806 Paradise Pl

(Address)

Tallahassee FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

Maren Cox

(Name of Contact Person)

at (850) 728-3525

(Area Code & Daytime Telephone Number)

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

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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



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: Moving Tallahassee Seniors LLC

2. The Florida document/registration number assigned to this limited liability company is:
11500177793

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-9-15

4. I, Kathryn Rivenbark, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Kathryn Rivenbark 11-09-2015
Signature of Dissociating Member or Resigning Manager

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
NOV - 9 PM 3: 29
APPROVAL
AND
FILED

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