

41700025843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

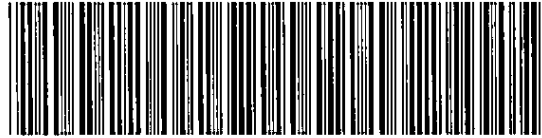
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600320755456

11/16/18--01011--033 \*\*80.00

FILED  
2018 NOV 16 PM 1:27  
FEDERAL RESERVE SYSTEM  
FBI - MEMPHIS

D. BRUCE  
DEC 01 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Borden Improvements 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:

Brien Borden  
(Contact Person)

Borden Improvements LLC  
(Firm/Company)

1850 Lee Road, Suite 313  
(Address)

Winter Park, FL 32789  
(City/State and Zip Code)

FILED  
2011 NOV 16 PM 1:27  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brien Borden at ( 303 ) 475 2478  
(Name of Contact Person) (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: Borden Improvements, LLC


2. The Florida document/registration number assigned to this limited liability company is:  
L17000258438

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2018

4. I, Paula Borden, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2018 NOV 15 PM 1:27  
TALLAHASSEE FLORIDA