

L18000079310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

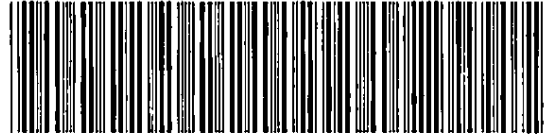
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
*File 1st*

Office Use Only



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05/28/19--01004--005 \*\*50.00

RECEIVED  
19 MAY 28 AM 10:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
2019 MAY 28 AM 9:21  
T GLASS  
MAY 29 2019  
APPROVED  
AND  
FILED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 05/28/2019

**CERTIFIED COPY**

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**RESIGNATION OF MEMBER**

APPROVED  
AND  
FILED  
2019 MAY 28 AM 9:21  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF REVENUE

1. ALBACORE, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

*File  
1st*

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALBACORE, 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:

Franklin C. Lewis  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

9577 Gulfshore Dr., Unit 501  
(Address)

Naples, FL 34108  
(City/State and Zip Code)

APPROVED  
AND  
FILED  
2019 MAY 28 AM 9:21  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

For further information concerning this matter, please call:

Jonas B. Weatherbie, Esq. at 239 436-1500  
(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: ALBACORE, LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000079310
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 20, 2019
4. I, George A. Wilson, 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)

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