

L18000 165 286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

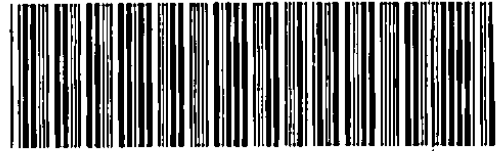
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/19--01020--017

SEP 23 2019
TALLAHASSEE, FLORIDA

SEP 23 2019

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Posh with Angela
(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:

Angela Ginter
(Contact Person)

Posh with Angela
(Firm/Company)

3909 Reserve Dr. #228
(Address)

Tallahassee, FL 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Ginter at (334) 237-3555
(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: Posh with Angela

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

L180001165288

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-1-10

4. I, Kenneth Gunter, hereby withdraw/resign as a
(Print Name of Person Resigning)

AD
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
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TALLAHASSEE, FLORIDA