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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: Four P's, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Edward M. Price, Jr.

(Contact Person)

Farmer, Price, Hornsby & Weatherford, LLP

(Firm/Company)

P. O. Drawer 2228

(Address)

Dothan, Alabama 36302

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward M. Price, Jr.

(Name of Contact Person)

at (334)
(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lin of State is: Four I	nited liability company as it ap P's, LLC	pears on the records of the	e Florida Dep	oartment	t
2. This limited liabilit Florida	y company was organized und	er the laws of:	TALLAHA	2013 BAR	
3. The Florida docum L12000151730	ent/registration number of this		<u>:,,,</u>	-6 BH 4: 36	
_{4. l,} Edward M. Pr	ice, Jr.	, hereby resign as a Mar	nager 📅 🖷	36	
	e of Person Resigning)		(Print Title)		
resignation in writing	ity company and affirm the lim	nited hability company has	s been notifie	d of my	
Signature of Resign	ing Member, Managing Memb	per or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				