

LO1000011646

(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



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03/15/19--01015--026    \*\*185.00

2019 MAR 15 PM 2:16

FILED

Resignation

MAR 28 2019

ALBRITTON

AMY TOWNSEND

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Name of Person

MEAD LAW & TITLE

---

Firm/Company

24 WALTER MARTIN ROAD NE, SUITE 201

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Address

FORT WALTON BEACH, FL 32548

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City/State and Zip Code

Vince C brunerfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY TOWNSEND 850 243-3135  

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Name of Person at (      ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifion Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FILED  
2019 MAR 15 PM 2:46  
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: R J D of Northwest Florida LLC

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

L 01000011646

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-5-18

4. I, Ruth Landis, 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.

Ruth W Landis  
Signature of Dissociating Member or Resigning Manager

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