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COVER LETTER

Division of Corporations Richardson & Tynan, PLC **SUBJECT:** (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: Nola Richardson (Contact Person) Richardson & Tynan, PCC (Firm/Company) 8142 N University Dr. (Address) Tamarac, FL 33321 (City/State and Zip Code) For further information concerning this matter, please call: Nola Richardson (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

• TO:

Registration Section



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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)

		pany as it appears on the records of the Florida Department NOLA M. RICHARDSON P.L.C.
2. The Florida doce L01000015836	iment/registration nu	mber assigned to this limited liability company is:
3. The date this me	mber/manager withd	rew/resigned or will withdraw/resign is:
Laura D. Timon		, hereby withdraw/resign as a
Manager		
	(Print Title)	·
of this limited lia resignation in wr		ffirm the limited liability company has been notified of my
/		
Signature of D	ssociating Member o	or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional))