

L610000 15873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

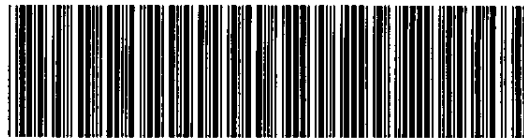
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA
14 JAN 21 2014 17

RECEIVED FEB 04 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Planners of America, 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:

David A. Shields

(Contact Person)

(Firm/Company)

9706 Plymouth Rd.

(Address)

San Antonio, TX 78216

(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Shields

(Name of Contact Person)

at (**210**) **365-8611**

(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

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

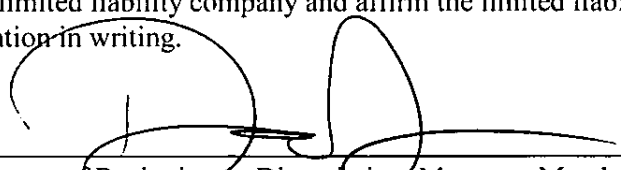
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Senior Planners of America, LLC

2. The Florida document/registration number of this limited liability company is:
L01000015873

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, David A. Shields, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning or Dissociating Manager, Member

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

14 JAN 31 AM 11:17
STATE OF FLORIDA
TALLAHASSEE, FLORIDA