

LO20000006476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

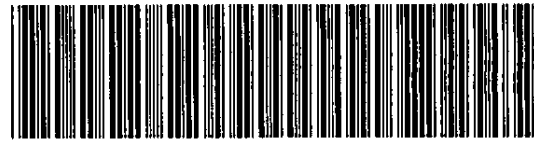
(Business Entity Name)

(Document Number)

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*Handwritten signature and date 9/27/17*

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17 SEP 27 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2017

MICHAEL A. ROE  
2620 W. KENNEDY BLVD.  
TAMPA, FL 33609 US

SUBJECT: AUSTIN, LEY, ROE & PATSKO, L.L.C.  
Ref. Number: L02000006476

We have received your document for AUSTIN, LEY, ROE & PATSKO, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

#3 OF THE FORM NEEDS COMPLETION. PLEASE NOTE THE DATE OF MEMBER/MANAGER WITHDRAWAL/RESIGNATION.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 617A00018267

RECEIVED  
2017 SEP 27 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Austin, Ley, Roe & Patsko, 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:

Michael A. Roe

(Contact Person)

Austin, Ley, Roe & Patkso, LLC

(Firm/Company)

2620 W. Kennedy Blvd.

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Roe

(Name of Contact Person)

at 813 254-2572  
(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: Austin, Ley, Roe & Patsko, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L02000006476

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-29-2017

4. I, Bruce D. Austin, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager Member

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA