

LO20000 27125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

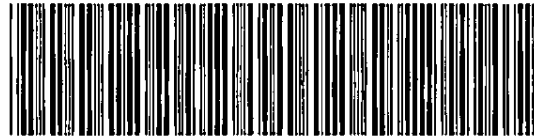
(Business Entity Name)

(Document Number)

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19 JUL 11 PM 7:16  
CLERK OF COURT  
HALL COUNTY, GEORGIA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WALNUT BEND EXECUTIVE CENTER 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:

BARBARA STINGONE  
(Contact Person)

WALNUT BEND EXECUTIVE CENTER  
(Firm/Company)

4231 WALNUT BEND - SUITE 13  
(Address)

JACKSONVILLE, FLORIDA, 32257  
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA STINGONE at ( 904 ) 349-2600  
(Name of Contact Person) (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: WALNUT BEACH EXECUTIVE CENTER, LLC

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

L02000027125

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/1/19

4. I, Joseph P. Stinson, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MLRM  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
19 JUL 11 PM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA