

LO30000 44675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

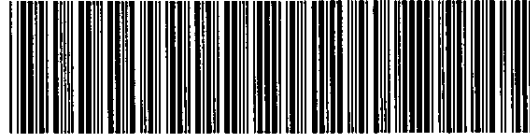
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUL -6 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joe Gray 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:

Joe Gray
(Contact Person)

Joe Gray LLC
(Firm/Company)

PO Box 6251
(Address)

JACKSONVILLE, FL 32236
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Gray at (904) 716-8962
(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

June 22, 2015

JOE GRAY
PO BOX 6251
JACKSONVILLE, FL 32236

SUBJECT: JOE GRAY, LLC
Ref. Number: L03000044675

We have received your document for JOE GRAY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document number and date of resignation (lines 2 and 3) is missing.

Please return 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00013055

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15 JUL -6 AM 10:53
DIVISION OF STATE
TALLAHASSEE, FLORIDA



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: Joe Gray LLC

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

~~2013-11-15-1~~ - 03000044675

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-22-2015

4. I, Theresa A. Armstrong, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

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

Theresa A. Armstrong
Signature of Dissociating Member or Resigning Manager

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

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DIVISION OF STATE
TALLAHASSEE, FLORIDA