L0400047426

(Requestor's Name)						
(Ad	ldress)	=				
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
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Special Instructions to Filing Officer:						
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12 SEP 17. ANIO: 31

SECRETARY OF STATE

COVER LETTER

_	stration Section sion of Corporation	ons		
SUBJECT:	Three Profe	essionals, LLC		
		(Name of Limited	Liability Con	npany)
The enclose filing.	d member, mana	ging member or m	anager resig	nation and fee(s) are submitted fo
Please retur	n all corresponde	nce concerning thi	s matter to:	
Michael	D. Peaden			_
	(Contact	Person)		_
Three Pr	ofessionals,	LLC		_
	(Firm/Co	ompany)		_
P.O. Box	(1719			_
	(Addr	ess)		
Lynn Ha	ven, Florida	32444		_
	(City/State a	and Zip Code)		
For further	information conc	erning this matter,	please call:	
Michael	D. Peaden	a	_{t (} 850	258-1699
(1	Name of Contact P	erson)	(Area Code	& Daytime Telephone Number)
Enclosed pl		- ·		Department of State for: \$55 Filing Fee &
	\$25 Filing	rec	(▼)	Certified Copy
	COURIER ADD	RESS:		MAILING ADDRESS:
Registration of	1 Section Corporations			Registration Section Division of Corporations
Clifton Bui	•			P.O. Box 6327
2661 Execu	itive Center Circl Florida 32301	e		Tallahassee, Florida 32314

CR2E079 (5/06)



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ee Professionals, LLC		of the Florida Department		
2. This limited liab State of Flo	ility company was organized orida	under the laws of:			
3. The Florida docu 	iment/registration number of	this limited liability con	npany is:		
_{4. I,} Lanny C. King		, hereby resign as a	_, hereby resign as a MGRM		
(Print Name of Person Resigning)			(Print Title)		
resignation in wr	oility company and affirm the iting. gning Member, Managing M		ny has been notified of my		
	\$25.00 (Required) \$30.00 (Optional)				