# L04000054728

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EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

 $_{
m SUBJECT:}$  THE ASSOCIATES, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joy Marler Masters, Esq.

(Contact Person)

**Burke Blue** 

(Firm/Company)

221 McKenzie Avenue

(Address)

Panama City, FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

Joy Marler Masters

"<sub>...</sub>850 (

769-1414

(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

CR2E079 (5/06)



### 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 E ASSOCIATES, LLC	it appears on the records o	f the Florida Department		
2. This limited liab Florida	ility company was organized	d under the laws of:			
3. The Florida docu <u>L040000547</u>	ment/registration number of 28	f this limited liability comp	any is:		
4. I, VICTORIA WILLIAMS  (Print Name of Person Resigning)		, hereby resign as a N	, hereby resign as a MEMBER/MGRM (Print Title)		
of this limited lial	pility company and affirm th ting. On or about July	· · · · · · · · · · · · · · · · · · ·	,		
Signature of Resi	U(Uland) gning Member, Managing N	Member or Manager	X012 NOV 20 SECRETARY TALLAHASSE	one data	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		O PM12: 4 Y OF STATE EE. FLORID!		