LO4000061142

	questor's Name)	
97)	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
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PICK-UP	☐ WAIT	MAIL
	_	
(Ви	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
S&R Brown Consulting LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Sherwood Brown	
(Contact Person)	
(Firm/Company)	
7804 Preservation Road	
(Address)	
Tallahassee, FL 32312	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Sherwood Brown	850 264-4752 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	•
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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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)

	limited liability company as it appears on the records of the Florida Departme
2. The Florida doc L04000061142	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I.	, hereby withdraw/resign as a aume of Person Resigning)
MGR	
	Print Title)
resignation in wi	•
W. Dake	
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)