

LDS 0000008809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

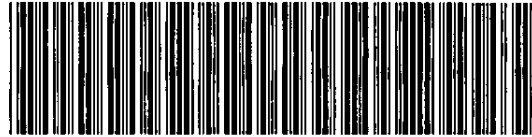
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200271094772

03/30/15--01049--015 \*\*60.00

FILED  
15 MAR 30 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2015

C. CARROTHERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Crocker Group  
(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:

James Crocker  
(Contact Person)

The Crocker Group  
(Firm/Company)

3170 SE Slater St.  
(Address)

Stuart, FL 34997  
(City/State and Zip Code)

For further information concerning this matter, please call:

Queralta Guix-Hewitt at (772) 223-7393  
(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

RECEIVED

15 MAR 26 PM 3:27  
STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Giffon Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

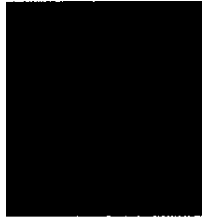
CR2E079 (2/14)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 MAR 26 PM 3:27

RECEIVED



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)

SECRETARY OF STATE  
HALL ARCADE, 1000  
FLORIDA

15 MAR 30 AM 10:28

FILED

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: The Crocker Group, LLC

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

L05000008809

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2014

4. I, Lynette D. Groves, hereby withdraw/resign as a  
(Print Name of Person Resigning) formerly known as Lynette D. Crocker

Managing Member  
(Print Title)

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

Lynette D. Groves  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)