# 15000100001

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**S Warren**JUL 2 1 2016

#### **COVER LETTER**

SUBJECT: Will the Will Will (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:  (Contact Person)
Please return all correspondence concerning this matter to:
Lesi thurley
)
(Firm/Company)  100 S. Monvoe St.  (Address)  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:    Use Howeld at   Store   559.7458     (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 & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton 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

## 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 compar	ry as it appears on the reco	ords of the Florida Department
of State is:	Willard b	turley, UC	<u></u> -
2. The Florida docu	ment/registration numb	per assigned to this limited	liability company is:
6050	150001000	<u></u> .	
3. The date this me	mber/manager withdrev	v/resigned or will withdraw	w/resign is: 7/1/16
4. I, USU (Print N	M. Hurler ame of Person Resigning)	hereby withdra	w/resign as a
Ma	rager	}	•
	(Print Title)		*
of this limited liai		m the limited liability con	npany has been notified of my
The	sturley	)	
Signature of Di	ssociating Member or F	Resigning Manager	r . ha
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		ZI Z
			D P R
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