

06000022805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

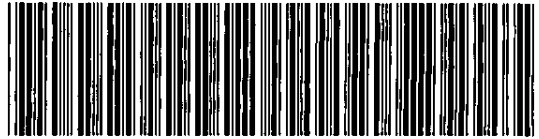
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JAN 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
JAN 16 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMPSON & BUCKLES 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:

JOHN D. THOMPSON

(Contact Person)

THOMPSON & BUCKLES LLC

(Firm/Company)

PO BOX 9

(Address)

HOLLISTER, FL. 32147

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN D. THOMPSON

(Name of Contact Person)

at (386) 325-5965

(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

FILED
09 JAN 15 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

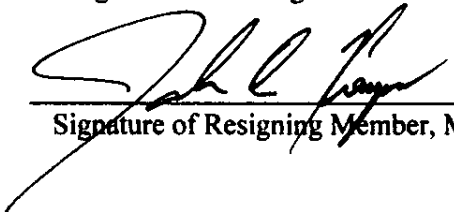
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: THOMPSON & BUCKLES LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000022805

4. I, JOHN O. THOMPSON, hereby resign as a MGMR
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
09 JAN 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA