

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA GENETICS, 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:

W. M. BLACKSHEAR
(Contact Person)

(Firm/Company)

7292 FOURTH STREET NORTH
(Address)

ST. PETERSBURG, FL 33702
(City/State and Zip Code)

For further information concerning this matter, please call:

W. M. BLACKSHEAR at (727) 896-8149
(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**



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: FLORIDA GENETICS, 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:
L06000036493

4. I, WILLIAM M BLACKSHEAR, JR, hereby resign as a MGMR/MBR
(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
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 11 PM 2:35