## LD0000042567

| (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: |
|                                         |
|                                         |
|                                         |





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SECKETARY OF STATE

K.SALY EXAMINER AUG 25

## **COVER LETTER**

| Division of Corporations                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Richard Inam Painting (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:                                                                                                  |
| Richard Ingram (Contact Person)                                                                                                                              |
| Richard Tryram Painting, UL                                                                                                                                  |
| 1077 Ivonforere Rd. (Address)                                                                                                                                |
| Canton ment, Cl. 3253 (City/State and Zip Code)                                                                                                              |
| For further information concerning this matter, please call:                                                                                                 |
| Richard Tropan at (850) 393-4674 (Area Code & Daytime Telephone Number)                                                                                      |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{25}\$ Filing Fee \text{ Certified Copy}\$                         |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 |

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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 company as it appears on the records of the Florida Department                        |
|----------------------------------------------------------------------------------------------------------------------------|
| of State is: Richard Impan Painting LLC                                                                                    |
| 2. The Florida document/registration number assigned to this limited liability company is:                                 |
| L06000042567                                                                                                               |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: $07-13-2017$                                 |
| 4. I, Solution , hereby withdraw/resign as a (Print Name of Person Resigning)                                              |
| M(rRM<br>(Print Title)                                                                                                     |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| Signature of Dissociating Member or Resigning Manager                                                                      |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)                                                          |