106000000851

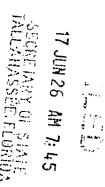
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL,				
(Business Entity Name)				
(business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500300713805

88/28/17--01020--024 **55.00



JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: **Registration Section Division of Corporations** Jeffery W Brown LLC (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: Michael Mann (Contact Person) Jeffery W Brown LLC (Firm/Company) 2 N Plum Crest Circle (Address) The Woodlands, TX 77382 (City/State and Zip Code) For further information concerning this matter, please call: Michael Mann (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



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)

	limited liability company a	s it appears on the records of the	e Florida Department
2. The Florida doc L060006085	•	ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	s:
4. I, Michael Mann		, hereby withdraw/resign	
(Print N	lame of Person Resigning)		******
Member			200
(Print Title)			7 30
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company has	been notified of my
7	Tam		THE PARTY OF THE P
Signature of D	ssociating Member or Resig	ning Manager	Ser o
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		