

LO70000 19167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

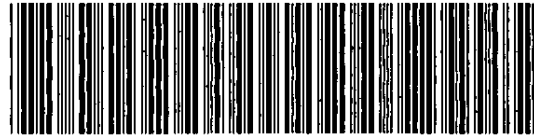
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300133124233

07/24/08--01038--013 **55.00

FILED
08 JUL 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 25 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precise Map & Design, 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:

Robert H. Parker
(Contact Person)

Precise Map & Design
(Firm/Company)

12715 Shark Rd.
(Address)

Jacksonville FL 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert H. Parker at (843) 696-2885
(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

FILED
08 JUL 24 PM 10:07
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: Precise Map & Design

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

3. The Florida document/registration number of this limited liability company is:
607000019167

4. I, Kathleen Parker, hereby resign as a Manager
(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.

Kathleen Parker
Signature of Resigning Member, Managing Member or Manager

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

08 JUL 24 AM 10:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA