0055422

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(1001000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Patrick Tile Co LLC (Name of Limited Liability Company)
(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:
The state of the s
Wicholas W. Patrick (Contact Person)
Patricie Tile Co LLC (Firm/Company)
308 U. La Rua St. (Address)
Pensacola Fl. 32505 (City/State and Zip Code)
For further information concerning this matter, please call:
Nich Patrick at (850) 384 1869 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

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 li	ability company as it appears on the records of the Fl	orida Department
of State is: Patrick	Tile Co LLC	
_	istration number assigned to this limited liability con	npany is:
L0700005	5422	, /
3. The date this member/mar	nager withdrew/resigned or will withdraw/resign is: _	3/28/18
	Patrige hereby withdraw/resign as a	
Owner		
(Print Title))	
of this limited liability comresignation in writing.	npany and affirm the limited liability company has been	en notified of my
A comment		
Signature of Dissociating	g Member or Resigning Manager	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
V		AR OF
Filing Fee: \$25.00	0 (Required)	30
Certified Copy: \$30.00	0 (Optional)	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7