01000098338

(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:				
Imills				

Office Use Only



900430590229

og.79 24--81813--021 **103.88

779 HEY 29 TH 8: 00

COVER LETTER

TO: Registration Section **Division of Corporations** Turner Sons Employees, LLC SUBJECT: (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: Daniel Turner (Contact Person) Dave Turner Plumbing (Firm/Company) 474390 East State Road 200 (Address) Fernandina Beach, FL 32034 (City/State and Zip Code) For further information concerning this matter, please call: **Daniel Turner** 904 (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 **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

			3
1. The name of the	e limited liability company a	as it appears on the records of the	ne Florida Department
Turr	er Sons Employees, LLC		-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
or state is:			
2. The Florida doc	cument/registration number a	assigned to this limited liability	company is:
L07000098238	•	•	
			0.0
3. The date this m	ember/manager withdrew/re	signed or will withdraw/resign	05/01/2024 is:
Dustin R. Turno	er	harahy withdraw/racian	00.0
(Print i	Name of Person Resigning)	, hereby withdraw/resign	as a
Manager			
	(Print Title)		
of this limited lia resignation in w		he limited liability company ha	s been notified of my
Austr	2 R. ham	_	
Signature of D	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		