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(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations
SUBJECT: In His Name Only 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:
Jawnatha Zimmerman (Contact Person)
M/A (Firm/Company)
6504 Lacey Ct
(Address) Jacksoville FL 32244 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Tawnatha Zimneman at (904) 993-2285 (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 \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301



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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: In His Name Only LLC.
2. This limited liability company was organized under the laws of:
Florida.
3. The Florida document/registration number of this limited liability company is:
L080000Z881Z
4. I, SEQUALYA Drummond , hereby resign as a Manager (Print Name of Person Resigning)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Soulasia Com
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: