

**L08000048707**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**2016 AUG 31 AM 11:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY  
EXAMINER**

**SEP -1**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOODWIN-PICHARD INVESTIGATION AGENCY, 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:

DARRELL GOODWIN

(Contact Person)

GOODWIN-PICHARD INVESTIGATION AGENCY, LL

(Firm/Company)

241 EAST SIXTH AVENUE

(Address)

TALLAHASSEE, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

DARRELL GOODWIN

(Name of Contact Person)

at 850 212-3502

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2016 AUG 31 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 liability company as it appears on the records of the Florida Department of State is: GOODWIN-PICHARD INVESTIGATION AGENCY, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
LO8000048707
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/31/16
4. I, ANGELA PICHARD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGING MEMBER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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