

LO8000105345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

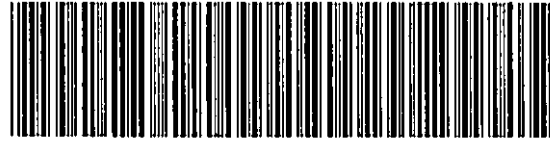
(Business Entity Name)

(Document Number)

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

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11/28/17--01027--005 \*\*145.00

RECEIVED  
17 DEC 11 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 NOV 27 AM 11:44

TALLAHASSEE, FLORIDA

BF  
12/11/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2017

PATRICIA REID

423 VILLA NUEVA CIR  
NORTH PORT, FL 34287

SUBJECT: PARROTT RENTALS, LLC.  
Ref. Number: L08000105345

We have received your document for PARROTT RENTALS, LLC. and your check(s) totaling \$145.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$20.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 317A00024058

2017 DEC 11 AM 12:13

TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Parrott Rentals, 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:

Patricia Reid  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

423 Villa Nueva Circle  
(Address)

North Port, FL 34287  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Reid at (860) 608-3726  
(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



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 liability company as it appears on the records of the Florida Department of State is: Parrott Rentals, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

LC8000105345.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/21/17

4. I, Stephen Parrott, hereby withdraw/resign as a  
(Print Name of Person Resigning)

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)

FILED  
17 DEC 11 PM 4:52  
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