## 10800113374

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400328452614

04/26/19--01026--018 \*\*25.00

S TALLENT MAY 1 3 2019



Diss/ munhar

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ			
	(Name of Lin	ited Liability Cor	npany)
The en	nclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	return all correspondence concerning	this matter to:	
David	B. Baker		
	(Contact Person)		_
	(Firm/Company)		_
PO Bo	ox 470607		
	(Address)		_
Celeb	ration, FL 34747		
	(City/State and Zip Code)		_
For fur	rther information concerning this matt	er, please call:	
David	B. Baker	407 _ at (	932-8150
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable t Filing Fee		Department of State for: g Fee & Certified Copy
	ET/COURIER ADDRESS: ration Section		MAILING ADDRESS: Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doci	•	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
4. 1. David B. Baker  (Print Name of Person Resigning)		
MGRM		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	ssociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	<b>201</b> SE