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K. SALY NOV - 3 Z017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: London LLC DBA Superior fonce (Name of Limited Liability Company)
(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:
Michael EVan Bibbe-
Conton LC DBA Superior FRUCK (Firm/Company)
11248 Pinto C+ (Address)
Jackson Ville FC 3222 5 (City/State and Zip Code)
For further information concerning this matter, please call:
Mike Van Bibbl - at (904) 352-3096 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Manie of Contact Ferson) (Area Code & Daytine Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





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 comp	any as it appe	ars on the rec	ords of the Florida D	epartment
of State is:	Lonton	LIC	DBA	Superior	Fence
2. The Florida docu	ment/registration nur	nber assigned			
3. The date this mer	nber/manager withdr	ew/resigned o	r will withdra	w/resign is: <u>10-1</u>	9-17
4. I. Michael (Print Na	E Van Bil	ober, t	nereby withdra	aw/resign as a	
Presid	Print Title)	.			
resignation in writ		4	ed liability cor	mpany has been notif	ied of my
Mula	el E Van	Belle			
Signature of Dis	sociating Member or	Resigning M	anager		
	\$25.00 (Required) \$30.00 (Optional)				