

108000115375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

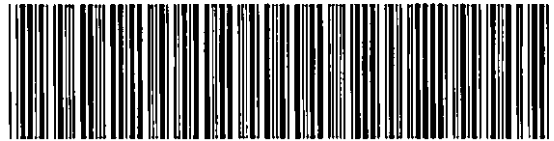
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

0/10

Office Use Only



800316355378

08/02/18--01019--014 **25.00

ff \$25.00

LAW OFFICES
CHARLES R. MEADOR, JR., P.A.
2085 ESTERO BOULEVARD
FORT MYERS BEACH, FLORIDA 33931

CHARLES R. MEADOR, JR.
ATTORNEY AT LAW

E-MAIL
CHARLESSCTITLE@GMAIL.COM

TELEPHONE 463-6619
FACSIMILE 463-6154
AREA CODE 239

TOLL FREE
1-800-741-6619

August 1, 2018

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: PPMFL, LLC #L08000115375
Dissociation of Member/Manager
Statement of Authority

Dear Gentlemen:

Attached are a Dissociation of Member/Manager and Statement of Authority for the above company accompanied by my check in the amount of \$85 to cover filing fees and certified copies.

Please be so kind as to forward the certified copies to the above address.

Very truly yours,


Charles R. Meador, Jr.

CRM/
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPMFL, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles R. Meador, Jr.

Name of Person

Charles R. Meador, Jr., P.A.

Firm/Company

2085 Estero Boulevard

Address

Fort Myers Beach, FL 33931

City/State and Zip Code

d.hussey@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles R. Meador, Jr.

Name of Person

239

Area Code

463-6619

Daytime Telephone Number

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: PPMFL, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L08000115375

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July, 2018

4. I, Kevin W. Mulhearn, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member and Manager

(Print Title)

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

x *Kevin W. Mulhearn*

Signature of Dissociating Member or Resigning Manager

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