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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)	_			
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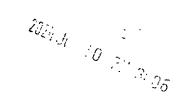
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Augamin, L.L.C.		
· · · · · · · · · · · · · · · · · · ·	nited Liability Co	трапу)
The enclosed member, resignation or dissoci	iation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Mark P. Lang, Esquire		
(Contact Person)		_
Mark Lang & Associate		
(Firm/Company)		_
1059 Maitland Center Commons Bivd.		
(Address)		_
Maitland, Florida 32751		
(City/State and Zip Code)	<del></del> #	_
For further information concerning this matte	er, please call;	
Mark P. Lang, Esquire (Registered Agent)	407 _ at (	599-4433
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





## 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)

	e limited liability company as it	appears on the records of the Florida Department
		gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. 1, Myra L. William (Print)	ns  Name of Person Resigning)	, hereby withdraw/resign as a
Member and Ma		
<del></del>	(Print Title)	
resignation in w	ability company and affirm the lating. Dissociating Member or Resignin	imited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	