

L09000025848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

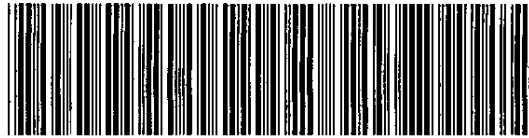
(Document Number)

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**A. LUNT**  
SEP 11 2009  
**EXAMINER**

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08/31/09--01024--014 \*\*55.00

**FILED**  
2009 SEP 10 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2009

JAMES W. ARTIS  
P.O. BOX 390546  
DELTONA, FL 32739-0546

SUBJECT: FOUR TOWNS PAPER/JANITORIAL PRODUCTS, LLC  
Ref. Number: L09000025848

We have received your document for FOUR TOWNS PAPER/JANITORIAL PRODUCTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 109A00029440

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Four Towns Paper/Janitorial Products, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James W. Artis

(Contact Person)

(Firm/Company)

P.O. Box 390546

(Address)

Deltona, FL 32739-0546

(City/State and Zip Code)

For further information concerning this matter, please call:

James W. Artis

(Name of Contact Person)

at ( 386 ) 624-1848

(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

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Four Towns Paper/Janitorial Products, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L09000025848

4. I, James W. Artis, hereby resign as a Manager/Member  
*(Print Name of Person Resigning)* *(Print Title)*

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

  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
2009 SEP 10 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA