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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE AUG 2 7 2018

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Joe King LLC SUBJECT: (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: Joseph Garr (Contact Person) Joe King LLC (Firm/Company) 241 Margaret Street (Address) Key West, FL 33040 (City/State and Zip Code) For further information concerning this matter, please call: Joseph Garr 292-1961 (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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)

	limited liability company	as it appears on the records of the Florida Department Joe King LLC
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
4. 1,(Print)	ember/manager withdrew/r Christopher M. King Siame of Person Resigning) Thaging Partner	resigned or will withdraw/resign is: , hereby withdraw/resign as a
of this limited lia resignation in w	(Print Title) hility company and affirm	the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	