

LC9000085420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

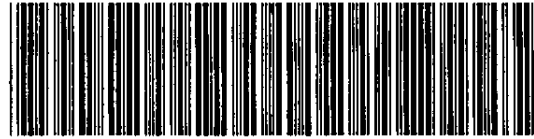
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR 19 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

MAR 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paint Mickey, LLC  
(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:

E. Lee Clark, II

(Contact Person)

(Firm/Company)

811 Spring Park Loop

(Address)

Celebration, FL 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

E. Lee Clark, II

(Name of Contact Person)

at ( 407 ) 312-3063  
(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

**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: PAINT MICKEY, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000085420

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/14/18 LLC  
4/15/2017

4. I, E. LEE CLARK, II, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

FILED  
18 MAR 19 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA