## 109000104088

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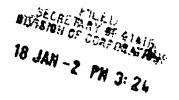
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations O'Kelley & Associates, 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: Gurvis E. O'Kelley (Contact Person) O'Kelley & Associates, LLC (Firm/Company) 1873 Eagle Trace Blvd. (Address) Palm Harbor, FL 34685 (City/State and Zip Code) For further information concerning this matter, please call: Gurvis E. O'Kelley (Name of Contact Person) (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: 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 lley & Associates, LLC
2. The Florida doe L0900010408	ment/registration number assigned to this limited liability company is:
Kimberly D.	nber/manager withdrew/resigned or will withdraw/resign is:  [Kelley   hereby withdraw/resign as a
(Print i	·
of this limited lie resignation in wi	Print Title)  illity company and affirm the limited liability company has been notified of my ting.
Signature of D	sociating Member or Resigning Manager
<del>-</del>	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)