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S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A LIVING TESTIMONY 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:
Karen Pegina Sapp (Cointact Person)
R. C. T. Enter prises
2017 Rates Ave. (Address)
EUSTIS, FL 32726 (City/State and Zip Code)
For further information concerning this matter, please call:
Karen R. Sapp at (352) 406-6016 (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
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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)

		on the records of the Florida Department	
of State is:	Living Testimo	ony, LLC	
2. The Florida docu	ment/registration number assigned to	this limited liability company is:	
<del></del>	00 106 108	01.12010	a
3. The date this me	mber/manager withdrew/resigned or w	fill withdraw/resign is:	1
	Hegina Sapp, here	4 1	
Manger	na Member. (Print Title)		
of this limited lial resignation in wri		iability company has been notified of my	
Karen	R. Sapry		
Signature of Di	ssociating Member or Resigning Mana	nger SEP	
Filing Fee:	\$25.00 (Required)	் ယံ ့	
Certified Copy:	\$30.00 (Optional)	 II	- ٠