

109000107511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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015  
8-20-18

## COVER LETTER

ORIGINAL

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Family Law Clinic, 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:

Robbin L. Petras

(Contact Person)

Floria Family Law Clinic, LLC

(Firm/Company)

200 S.E. 6th Street, Suite 100

(Address)

Fort Lauderdale, Florida 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Robbin L. Petras

(Name of Contact Person)

954

at ( )

354-7470

(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: Florida Family Law Clinic, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000107511

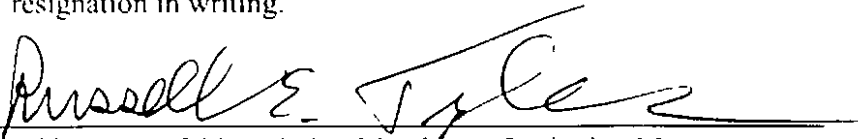
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/10/2018

4. I, Russ Tyler, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Managing Member (MGRM)

*(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**  
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