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(Requestor's Name)					
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COVER LETTER

Division of Corporations			
Legacy Protection Partne	ers, LLC		
	Limited Liability Con	npany)	
The enclosed member, resignation or diss	ociation and fee(s) are submitted fo	or filing.
Please return all correspondence concerni	ng this matter to:		
Nick McIntee			
(Contact Person)		-	
Nick John McIntee, P.A.			
(Firm/Company)	 	_	
4049 Dover Terrace Drive			
(Address)		_	
Lakeland, FL 33810			
(City/State and Zip Code)		-	
For further information concerning this m	atter, please call:		2016 FEB
Nick McIntee	407	637-4817	B 29
(Name of Contact Person)		& Daytime Teleph	one Number)
Enclosed please find a check made payab		epartment of Stat	e for: 22 S

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section

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)

	ne limited liability company a gacy Protection Partners,	as it appears on the records of the Flor	rida Department	
2. The Florida do	ŭ	assigned to this limited liability comp	oany is:	
4. I, Nick John (Prin. Managing M of this limited I resignation in v	McIntee P.A. Name of Person Resigning) Member (Print Title) iability company and affirm to	hereby withdraw/resign as a hereby withdraw/resign as a the limited liability company has been	2/25/2016 2016 FEB 29 A SE 29 SECRETORY OF SERVICE INCHESTION	
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)