

L10 0000 79602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

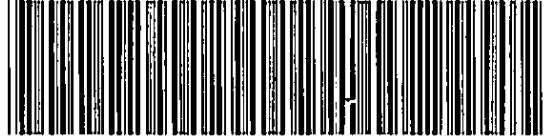
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIS/Resign
AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fury Genetics LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wesley C Fisher
Name of Person

Fury Genetics LLC
Firm/Company

P.O. Box 723
Address

Sebring FL 33871
City/State and Zip Code

wes@tcgrasses.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley C Fisher at (863) 385-1325
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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: Fury Genetics LLC

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

H 100000 79602

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-14-2020

4. I, Robyn Turek, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Partner MGRM
(Print Title)

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

Rp Turek
Signature of Dissociating Member or Resigning Manager

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