## LIDDD0124541

| (Red                                    | questor's Name)  |             |
|---|------------------|-------------|
| (Address)                               |                  |             |
| (Add                                    | dress)           |             |
| (City                                   | //State/Zip/Phon | e #)        |
| PICK-UP                                 | WAIT             | MAIL        |
| (Business Entity Name)                  |                  |             |
| (Document Number)                       |                  |             |
| Certified Copies                        | Certificate      | s of Status |
| Special Instructions to Filing Officer: |                  |             |
|   |                  |             |
|   |                  |             |
|   |                  |             |

Office Use Only



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## **COVER LETTER**

| (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:   |
| Susan Verger  |
| Chubford LLC  |
| (Firm/Company)  |
| 270 NE 572 ST   |
| (Address)  A. (Avd. H. 33308  (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Susan Verget at QSY ) 230-0922 (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \\$\sim \\$\\$\$ \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: MAILING ADDRESS:  |

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations



## 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 a of State is: Chubford, LLC | appears on the records of the Florida Department |
|---|--|
| 2. The Florida document/registration number assig                               |  |
| 2. The date this member/manager withdrew/resign                                 | ed or will withdraw/resign is: June 17 #         |
| 4.1, Drian F. Verger<br>(Print Name of Person Resigning)  Managar               | _, hereby withdraw/resign as a                   |
| of this limited liability company and affirm the li resignation in writing.     | mited liability company has been notified of my  |
| Signature of Dissociating Member or Resignin                                    | g Manager  |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)               |  |