110000 129 116

(Requestor's Name)				
(Address)				
(Address)				
(
(City(Chata (Zia (Dhana 4)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Continued dopies				
Special Instructions to Filing Officer:				

Office Use Only



500334753495

10/02/19--01002--017 **25

900T-2 PM 5:56

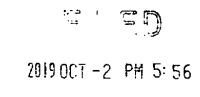
C GOLDEN 0CT 1 8 2019

COVER LETTER.

TO: Reg	istration Section					
Divi	sion of Corporations					
SUBJECT:	W.T. STEDMAN LLC					
	(Name of	(Name of Limited Liability Company)				
The enclose	ed member, resignation or dis-	sociation and fee(s) are submitted for filing.			
Please retur	n all correspondence concern	ing this matter to:				
WILLIAM T	T. STEDMAN					
	(Contact Person)		_			
W.T. STE	DMAN LLC					
	(Firm/Company)		- -			
908 KEITH	H LANE					
	(Address)		 -			
AUBURNE	DALE, FL 33823-9554					
	(City/State and Zip Code)		_			
For further i	nformation concerning this n	natter, please call:				
WILLIAM 1	T. STEDMAN	863	287-8807			
(1)	Name of Contact Person)		e & Daytime Telephone Number)			
Enclosed ple ■ \$25 Filin	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration	Section Corporations		Registration Section Division of Corporations			
Clifton Build	•		P.O. Box 6327			
2661 Execut	tive Center Circle		Tallahassee, Florida 32314			
Tallahassee,	Florida 32301					

CR2E079 (2/14)





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)

	mited liability company as it a		Florida Department
2. The Florida docum L10000129116	ent/registration number assign	ned to this limited liability co	mpany is:
		<u>-</u> ·	01/01/2010
3. The date this members	ber/manager withdrew/resigne	d or will withdraw/resign is:	
4. I, LEIGH-ANNE	TODD STEDMAN	_, hereby withdraw/resign as	a
(Print Nam	oc of Person Resigning)	- ,	
MEMBER			
(Pr	int Title)		
of this limited liabil resignation in writin	ity company and affirm the ling.	nited liability company has be	een notified of my
Jeigh Cin	Lodd Stedu ociating Member or Resigning	Manager	
Signature of Disse	soluting Memoer of Resigning	Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		