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SECRETARY OF STATE
AND ASSECT FINALLY

COVER LETTER .

Division of Corporations		
Petty One, LLC SUBJECT:		
(Name of Lin	nited Liability (Company)
The enclosed member, resignation or dissoc	iation and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter t	o:
Susan N. Petty		
(Contact Person)	- 13	
Petty One, LLC		
(Firm/Company)		
900 Canal St		
(Address)		
Jacksonville, FL 32209		
(City/State and Zip Code)		
For further information concerning this mat	ter, please ca	ill:
Susan N. Petty	904 at (695-2200
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		a Department of State for: ling Fee & Certified Copy
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





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: Petty	One, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. 1, Tim L. Petty (Print N	, hereby withdraw/resign as a lame of Person Resigning)
MGRM	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)