

L11000088203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$25

Office Use Only



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10/29/14--01020--008 **85.00

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14 NOV 26 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC/m/m/Resign.

12-2-14

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2014

ROBERT WALK
WALK ENTERPRISE LLC
709 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

SUBJECT: WALK ENTERPRISE LLC
Ref. Number: L11000088203

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records reflect that MELISSA WALK is listed as a managing member in the corporation. ROBERT WALK is now and has always been the registered agent for this corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 114A00024511

Filing Fee \$25
Paid \$85

TOTAL DUE \$60
Returned

Thank You

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WALK Enterprise LLC
(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:

Robert WALK

(Contact Person)

WALK Enterprise LLC

(Firm/Company)

709 S. NOVA RD

(Address)

Ormond Beach FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert WALK

(Name of Contact Person)

at (386) 337-4098

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee.

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WALK Enterprise LLC

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

C11000088203

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/18/14

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

Managing member
(Print Title)

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

Signature

Melissa Walk

FILED
14 NOV 26 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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