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APR 2.9 2014 C. CARROTHERS

## COVER LETTER

**TO:** Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: Townsen Holdings 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:						
Debra B. Denson						
(Contact Person)						
Towsen Holdings LLC						
(Firm/Company)						
1962 Waltrip St.						
(Address)						
Marth Port FC 34Z87 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
T 1 P 7						
Debra B. Denson at (941) 769 2638						
(Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for:						
■ \$25 Filing Fee & Certified Copy						
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Registration Section Registration Section						
Division of Corporations  Division of Corporations  Division of Corporations						
Clifton Building 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 i	it appears on the rec	ords of the Florida	Departme	nt
of State is:	owsen Holdir	igs LLC			-•
2. The Florida docu	ment/registration number ass	signed to this limited	d liability company	y is:	
L 110	00113149	<i>.</i>			
4.1, Chade	mber/manager withdrew/resigned of Person Resigning)	gned or will withdra	aw/resign is: daw	nuary 1	!Z,2014
MGR	(Print Title)				
of this limited lial resignation in wr	oility company and affirm the ting.	limited liability cor	npany has been no	otified of m	у
- Clark	-Benne	<u></u>			
Signature of Di	ssociating Member or Resign	ing Manager		to 🗻	
Filing Fee: Certified Copy:	•		#LL#ID%O OFF	CREITS OF	Fines;