

41000122293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/19--01021--023 **55.00

FILED
19 APR 23 PM 5:29
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

O SIMMONS

MAY 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Williams Group of Destin, 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:

Joel Williams

(Contact Person)

The Williams Group of Destin, LLC

(Firm/Company)

981 Highway 98 East #3292

(Address)

Destin, Florida 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Annmarie Wimmer

850

865-9152

at ()

(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

~~✗~~ \$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)

FILED
19 APR 23 PM 5:29
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department
THE WILLIAMS GROUP OF DESTIN, LLC
of State is: _____

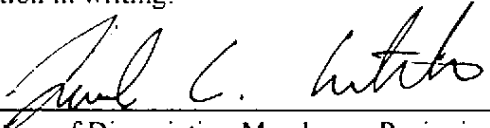
2. The Florida document/registration number assigned to this limited liability company is:
L11000122293

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/13/2019
Joel Cagen Williams

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

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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