

L11000/41705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

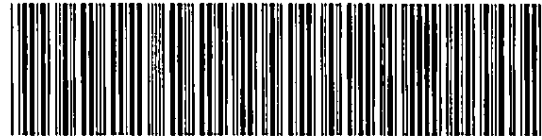
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100300114141

100300114141  
06/13/17-01029-021 \*\*25.00

FILED  
17 JUN 13 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 14 2017

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUE. BOOKKEEPING & PAYROLL SERVICES, 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:

JENNIFER CALDWELL

(Contact Person)

TRUE. BOOKKEEPING & PAYROLL SERVICES, LLC

(Firm/Company)

1420 RIDGE AVE

(Address)

CLEARWATER, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER CALDWELL

at ( 727 ) 234-5771

(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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRUE. BOOKKEEPING & PAYROLL SERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L11000141705

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2017

4. I, GLEND A PADRO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

LLC MEMBER / PARTNER

*(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)