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COVER LETTER

TO: Registration Section **Division of Corporations** Nick Bates and Associates, 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: Scott W. Fitzpatrick, Esquire (Contact Person) Owens Law Group, P.A. (Firm/Company) 811-B Cypress Village Blvd. (Address) Ruskin, FL 33573 (City/State and Zip Code) For further information concerning this matter, please call: Scott W. Fitzpatrick, Esquire at 813 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & ■ \$25 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

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it ap Bates and Associates, LL	pears on the records of the Florid .C	a Department
2. The Florida documents L120000202	ment/registration number of this	limited liability company is:	
3. The date this mer	nber withdrew or will withdraw	is: February 11, 2014	
4. I, Nick Bates (Print Name of Person Resigning)		hereby resign as a MGRM	
(Print Na	me of Person Resigning)	(Print	Title)
of this limited liab resignation in writ	ility company and affirm the liming.	iited liability company has been r	otified of my
	Vyek Baty		
Signature of Res	signing or Dissociating Manager	, Member	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	TALLANDR -1 PM 4:	TE CO

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