

L12000085099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

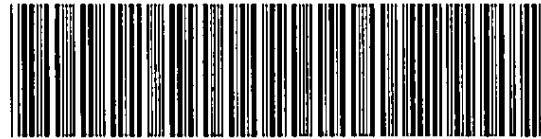
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/03/17--01003--004 **65.00

RECEIVED
DIVISION OF CORPORATIONS
NOV 28 AM 9:44

M. MILLIGAN

DEC 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

RACHEL SCHARLEPP
PLAYBIG THERAPY
4500 W SHANNON LAKES DR, #3
TALLAHASSEE, FL 32309

SUBJECT: PLAYBIG THERAPY & RECREATION ZONE LLC.
Ref. Number: L12000085099

We have received your document for PLAYBIG THERAPY & RECREATION ZONE LLC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person named as the resigning registered agent in the document is not the same person listed on our records. Therefore, the document cannot be filed. If your intent was to file a resignation/dissociation as a member/manager, the proper form is enclosed 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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 817A00023113

2017 NOV 28 PM 12:27

TALLAHASSEE, FL 32309



November 27th, 2017

Ref Number: L12000085099

Please file the attached document. I had mistakenly submitted the resigning registered agent form with the \$85.00 filing fee. Attached is the correct form. Please apply the \$85.00 to the \$25.00 filing fee and return remaining \$60.00 to address below.

PlayBig Therapy & Recreation Zone
Kelley Hutto
4500 W Shannon Lakes Dr #3
Tallahassee, FL 32309

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Scharlepp", with a stylized flourish at the end.

Rachel Scharlepp

2017 NOV 28 PM 12:27
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PlayBig Therapy & Recreation Zone 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:

Rachel Scharkepp
(Contact Person)

PlayBig Therapy
(Firm/Company)

4500 W Shannon Lakes Dr #3
(Address)

Tallahassee FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelley Hutto at (850) 778-6021
(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



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17 NOV 28 AM 9:44

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: PlayBia Therapy & Recreation Zone LLC

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

L12000085099

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/23/17

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

Owner
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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