

L120000096634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

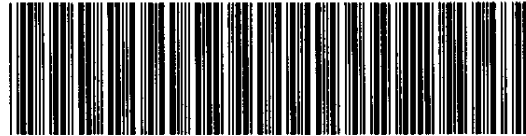
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700264159617

09/24/14--01011--011 **25.00

FILED

2014 SEP 24 AM 11:11
STATE

B. BOSTICK

SEP 30 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Panhandle Paint Pros, 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:

Kyle Dinallo

(Contact Person)

Panhandle Paint Pros LLC

(Firm/Company)

4051 Berryhill Rd

(Address)

Pace, FL 32571

(City/State and Zip Code)

For further information concerning this matter, please call:

Kyle Dinallo

(Name of Contact Person)

at 850 426-9445

(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

2014 SEP 23 AM 11:11
TELETYPE UNIT

FILED



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: Panhandle Paint Pros, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000096634

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/15/2014

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

Tina Wilson - member
(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)

FILED
SEP 22 AM 11
TALLAHASSEE
FLORIDA