## 1/2000/08374

(Requestor's Name)			
(Address)			
(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 1 ming officer.			
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
CUBICA	
SUBJECT: Tree Slaver, "LLC"	nited Liability Company)
(Name of En	inted Elabitity Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Places raturn all someone dans	
Please return all correspondence concerning	this matter to:
Glenn D. Storch	
(Contact Person)	
Glenn D. Storch, P.A.	
(Firm/Company)	
420 South Nova Road	
(Address)	<del></del>
Daytona Beach, FL 32114	
(City/State and Zip Code)	
Fine Combination of the state o	
For further information concerning this matt	er, please call:
Glenn D. Storch	_ at ( <u>386</u> )238-8383
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made noughland	- Al- Fil. 11 D
nclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee & Certified Copy	
— 023 . mmg 1 cc	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING APPROS
Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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	s it appears on the records of the	Florida Department
of State is:	ree Slayer, "LLC"		
2. The Florida doc	ument/registration number as	ssigned to this limited liability c	ompany is:
L12000106374			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is	: 6/29/17
4. I,John C.	Hinton	, hereby withdraw/resign a	s a
(Print N	lame of Person Resigning)	· • • • • • • • • • • • • • • • • • • •	
Manager	and Member .		
	(Print Title)		
of this limited lia resignation in wr		te limited liability company has	been notified of my
John	c. Hul		7. 17.
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
_	\$30.00 (Optional)		900