1200	0139638		
(Requestor's Name)			
(Address)	500284987695		
(Address)	00020-007000		
(City/State/Zip/Phone #)	04/28/1601016013 **50.00		
(Business Entity Name)			
(Document Number)	• • •		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	FILE SECRETARY TALLAHASSE		
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Office Use Only	'n		





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May 3, 2016

Denise Carter

12117 Panama City Beach Parkway Panama City Beach, FL 32407

SUBJECT: M 5:9 CONSULTING, LLC Ref. Number: L12000139638

We have received your document for M 5:9 CONSULTING, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name on application, doesn't match our records on sunbiz.org. Please make corrections. S

Please return your document, along with a copy of this letter, within 60 days or & your filing will be considered abandoned. 32

If you have any questions concerning the filing of your document, please; cally (850) 245-6051. Series . ယ္ဆ

Dionne M Scott Regulatory Specialist II

Letter Number: 116A00009100

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 \Box

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: M 5:9 Consulting, 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:

Denise Carter

(Contact Person)

M 5:9 Consulting, LLC

(Firm/Company)

12117 Panama City Beach Parkway

(Address)

Panama City Beach, Florida 32407

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Carter	850	708-7905
	_ at (_)
(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 \$\$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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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: <u>M 5:9 Consulting, LLC</u>
- 2. The Florida document/registration number assigned to this limited liability company is: L12000139638
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______1 April 2016

CHRISTOPHER R. GR, hereby withdraw/resign as a

(Print Name of Person Resigning)

Member

4. I.

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

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