

# L12000144204

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

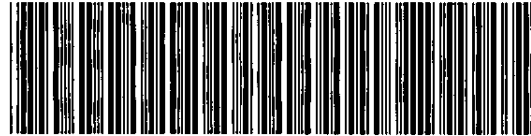
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/18/14--01041--003 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 AUG 18 PM 12:24

AUG 22 2014

T. CARTER

# HARRISON RIVARD DUNCAN & BUZZETT

Attorneys and Counselors at Law

August 13, 2014

Department of State  
Division of Corporations  
Corporate Filings – Amendments Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Consolidated Disaster Services, LLC.

Dear Madam or Sir:

Attached is the Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company pertaining to Louisiana Hurricane Commodity Service, LLC's resignation from Consolidated Disaster Services, LLC.

Also enclosed is the Filing Fee of \$25.00.

Please let me know if you have any questions.

Very truly yours,

  
William G. Harrison, Jr.

WGH/lis

Attachment: As stated.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consolidated Disaster Services, 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:

**Randall McElheney**

(Contact Person)

**Consolidated Disaster Services**

(Firm/Company)

**101 Harrison Avenue**

(Address)

**Panama City, FL 32401**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Randall McElheney**

(Name of Contact Person)

at ( **850** ) **832-2773**

(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 18 PM 12:24



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: Consolidated Disaster Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000144204

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 7 - June 20, 2014

4. I, Louisiana Hurricane Commodity Service, L, hereby withdraw/resign as a  
(Print Name of Person Resigning)

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)