L12000151497

(Re	questor's Name)	
(Address)		
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(Bu	siness Entity Na	me)
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SECRETARY OF STATE

Resolmant (10 5/12/15

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	The Westshore Connection,	LLC	
	(Name of Lim	ited Liability Con	npany)
The e	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Barba	ara Roberson		
	(Contact Person)		-
***************************************	(Firm/Company)		_
500 H	Hickorynut Avenue		
	(Address)		-
Oldsı	mar, Fl. 34677		
	(City/State and Zip Code)	<u>.</u>	_
For fi	urther information concerning this matt	er, please call:	
Barb	ara Roberson	727 at (515-1944
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		rananasses, rionaa 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2015

BARBARA ROBERSON 500 HICKORYNUT AVENUE OLDSMAR, FL 34677

SUBJECT: THE WESTSHORE CONNECTION LLC

Ref. Number: L12000151497

We have received your document for THE WESTSHORE CONNECTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date the member withdrew or resigned.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

CELVED

VII PRINT TO SERVE

NOT CORPORATION

NATIONAL OF SERVE

NATION

Letter Number: 115A00007525



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)

	limited liability company as it appears on the records of the Florida Department Westshore Connection, LLC
2. The Florida doc L1200015149	ument/registration number assigned to this limited liability company is:
3. The date this me James Robe	ember/manager withdrew/resigned or will withdraw/resign is: 4/10/15
	nson, hereby withdraw/resign as a lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)