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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
- è
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DEPARTMENT OF STATE 13 APR - 3 PH 1: 33



COVER LETTER

Registration Section TO: **Division of Corporations**

Sells IOP ANI SUBJECT: (Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

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For further information concerning this matter, please call:

Name of Contact Person) at (850) 296-6520 (Area Code & Daytime Telephone Number) (Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: **2** \$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

CR2E079 (5/06)

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAG ...

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http://form.sunbiz.org/pdf/cr2e079.pdf



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company as it appears on the records of the Florid Department of State is: My Shop and Sells have a
- 2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L13000013869 McGlockton, hereby resign as a MGRM (Print Title) honna 4. I. (Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)