

L13000053673

(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



000317040750

08/13/18--01002--011 **25.00

18 AUG 13 AM 11:19
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
AUG 13 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERTIFIED PROPERTIES OF TALLAHASSEE, 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:

STACY SMALL

(Contact Person)

SMITH THOMPSON SHAW, ET AL.

(Firm/Company)

3520 THOMASVILLE ROAD - FOURTH FLOOR

(Address)

TALLAHASSEE, FLORIDA 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

STACY SMALL

(Name of Contact Person)

850

893-4105

at ()

(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



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)

FILED
AUG 13 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CERTIFIED PROPERTIES OF TALLAHASSEE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000053673

3. The date this member/manager withdrew/resigned or will withdraw/resign is: UPON FILING

4. I, WILLIAM J. WEST, JR., hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

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

X

Signature of Dissociating Member or Resigning Manager

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