09/26/2016 09:07 MACFARLANE FERGUSON

(FAX)727 442 8470

P.001/003

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 6718858\$1001 Phone : (727)441-8966

Fax Number : (727)442-8470

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil Address: anderson, marchsolo aqual, com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOUCHED BY FAITH TAMPA LLC

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SEP 27 2016

CR2E079 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Touched by Faith	
C	Name of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence of	oncerning this matter to:
J. Matthew Marquardt	
(Contact Person	n)
Macfarlane Ferguson & McMu	llen
(Firm/Compan	у)
625 Court Street	
(Address)	
Clearwater, FL 33755	
(City/State and Zip	Code)
For further information concerning	g this matter, please call:
Ashleigh Arnett	727 441-8966
(Name of Contact Person) (Area Code & Dâytime Telephone Number
Enclosed please find a check made \$25 Filing Fee	e payable to the Florida Department of State for: \$\square\$ \$55 \text{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)

The name of the limited liability company a of State is: Touched by Faith Tampa, LL	s it appears on the records of the Florida Department
2. The Florida document/registration number a	assigned to this limited liability company is:
4. I, Badgerwood Investments, LLC (Print Name of Person Resigning) Other: Member/Authorized Person (Print Title) of this limited liability company and affirm tresignation in writing.	signed or will withdraw/resign is: 08/06/2016, hereby withdraw/resign as a he limited liability company has been notified of my
Signature of Dissociating Member or Resignature Piling Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) CR2E079 (2/14)	FILED 2018 SP 26 A 9-52 ANASSEE FLORIDA