

L13000065133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

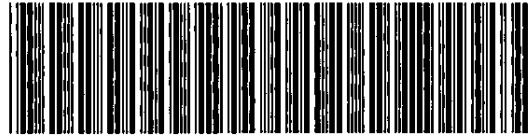
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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APR 20 2017
S. YOUNG

17 APR 19 PM 3:26

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: CLASSIC GOLF SPECIALTIES, 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:

SHERIE BROWN
(Contact Person)

CLASSIC GOLF SPECIALTIES
(Firm/Company)

6525 SW GATOR TRAIL
(Address)

PALM CITY FL 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

ELLIS BROWN at (772) 285-7894
(Name of Contact Person) (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

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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: CLASSIC GOLF SPECIALTIES, LLC

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

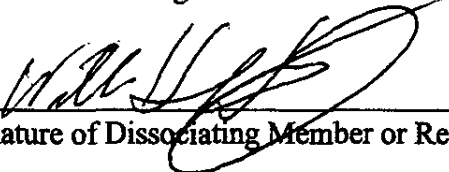
L13000065133

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

4. I, WILLIAM H. HORNER, hereby withdraw/resign as a
(Print Name of Person Resigning)

50% MEMBER
(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)

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