L13000088909

| (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



200354043402

10/29/30--01015--001 ++25.00

DEC 0.7 203

COVER LETTER

| | istration Section ision of Corporations | | | |
|---------------|---|---------------------|--|--|
| SUBJECT: | Clark Quality Woodworks LLC | | | |
| | (Name of Limited Liability Company) | | | |
| The enclose | ed member, resignation or diss | sociation and fee(| (s) are submitted for filing. | |
| Please retur | n all correspondence concern | ing this matter to | : | |
| Jonathan Clar | ·k | | | |
| | (Contact Person) | | - | |
| Clark Quality | Woodworks LLC | | | |
| | (Firm/Company) | <u>.</u> | _ | |
| 2892 Shoffne | r Ave | | | |
| | (Address) | | | |
| Crestview, Fl | . 32539 | | | |
| | (City/State and Zip Code) | | _ | |
| For further | information concerning this n | natter, please call | : | |
| Jonathan Clar | rk | 850 at (| 582-7187 | |
| (1) | Name of Contact Person) | | e & Daytime Telephone Number) | |
| Enclosed pl | ease find a check made payat | ole to the Florida | Department of State for: | |
| ■ \$25 Filir | ng Fee | ☐ \$55 Filin | ig Fee & Certified Copy | |
| Mail | ling Address: | | Street Address: | |
| Reg | istration Section | | Registration Section | |
| | ision of Corporations | | Division of Corporations | |
| | . Box 6327 | | The Centre of Tallahassee | |
| Tall | ahassee, FL 32314. | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |





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)

| 2. The Florida doc | nument/registration number assigned to this limited liability company is: |
|---------------------|--|
| L13000088909 | , |
| 3. The date this m | ember/manager withdrew/resigned or will withdraw/resign is: |
| Deanne Clark | , hereby withdraw/resign as a |
| | Name of Person Resigning) |
| Managing Memb | рег |
| | (Print Title) |
| of this limited lia | ability company and affirm the limited liability company has been notified of my |
| resignation in w | riting. |
| | |
| Signature of D | vissociating Member or Resigning Manager |
| | |
| Filing Fee: | \$25.00 (Required) |
| Certified Conv: | \$30.00 (Optional) |